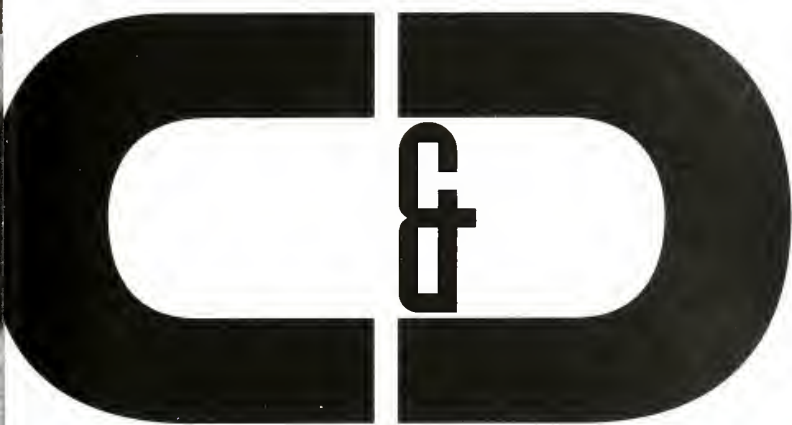




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**Opposition to
free movement
of professions**

**Shipman: how
could he have
been detected?**

**Numark clears
final hurdle to
become a plc**

**Diagnostic
testing – are
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An EU proposal may mean pharmacists from other member states will be able to work in Britain without registering with the Royal Pharmaceutical Society

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Numark shareholders have given the go-ahead to its conversion to a plc. It needed a simple majority at the second egm - over 95 per cent voted in favour

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Radical move in EU work ethic

A proposal from the European Commission may allow pharmacists from other member states to work in Britain without registering with the Royal Pharmaceutical Society.

The draft EU directive – *Mutual Recognition of Professional Qualifications* – would allow healthcare professionals from any EU country to work in another for up to 16 weeks a year without having

to notify the profession regulator.

The Royal Pharmaceutical Society has joined with other healthcare regulators in the UK to form the Alliance of UK Health Regulators on Europe (AURE) to raise awareness and support for their concerns about the proposal.

AURE have serious concerns about the impact of the directive on patient safety.

If a pharmacist or other health professional was not registered

with the regulatory body, then it (the regulator), would have no power to take action against the individual in the event of a problem.

A spokesman for the RPSGB said: "This directive appears to be against the spirit of the government's current moves to strengthen the regulation of healthcare professions in the UK."

The main concern of the AURE is that the draft directive disregards Article 152 of the Treaty of Rome, which says that "a high level of human health protection shall be enshrined in all Community policies".

AURE will act as the co-ordinator of the regulators' lobbying of both the UK government and the EU commission.

For more information :

www.gmc-uk.org/aure

http://europa.eu.int/comm/internal_market/en/qualifications

AURE are concerned that the European Commission (right) will allow pharmacists from other EU countries to work unregulated in the UK



Anti-abortionists target EHC supplies at Somerset Tesco pharmacies

Pro-life campaigners have targeted two Tesco Pharmacies supplying emergency hormonal contraception, under patient group directions, in Somerset.

The UK Life League placed on its website the names of two pharmacists and two managers from the Tesco stores involved, along with the stores' telephone numbers and details of Tesco's directors. The affected branches are in Weston-super-Mare and Clevedon.

Tesco, along with other pharmacies, has been supplying EHC to patients under PGDs. But the company is now to exclude under 16s from the schemes. "Despite the NHS controls that govern the scheme, some of our customers have raised concerns over the pill being supplied to under 16s without the knowledge or consent of their parents," said a Tesco statement.

"We have listened carefully to

these concerns and taken them into account when reviewing our participation in the schemes. As a result, we have decided not to dispense to those under the age of 16 – the age of legal consent."

A joint statement by Bristol North, Bristol South & West, and North Somerset PCTs said:

"While Tesco was singled out for an unfair campaign, and this is a matter of company choice, the local PCTs regret this decision. We believe that women, whatever their age, should have easy access to emergency contraception as one safe option when facing the possible consequences of unprotected sex."

Anne Weyman, chief executive of the FPA (formerly the Family Planning Association) said: "It's disappointing that the pressure brought to bear on Tesco by anti-choice groups has been successful. Easy access to emergency contraception is vital for young

women taking the responsible step of trying to prevent an unplanned pregnancy, and FPA would like to see more pharmacists dispensing under PGDs."

Tesco had been supplying EHC at 17 stores under PGDs but, as of last Thursday, those aged under 16 were excluded from all the schemes. A Tesco spokesman said it was a corporate decision and would apply across the company.

The Society for the Protection of Unborn Children, which organised a petition against the supply of EHC, has welcomed Tesco's decision. Its national director, John Smeaton, said it was a "step in the right direction and shows what can happen when pro-life people are prepared to stand up and be counted."

Paul Danon, SPUC's press officer, said he hoped other retailers would take their lead from the fact that a large business such as Tesco had been targeted.

MULTIPLES

Superdrug's new head of pharmacy

David Clark has been appointed head of pharmacy at Superdrug.

He replaces Mike Keen as pharmacy superintendent, following Mr Keen's appointment as head of marketing and operations at the Company Chemists' Association (C&A July 20).

As head of pharmacy, Mr Clark will be responsible for all aspects of Superdrug's pharmacy business.

He has been with the company for seven years, having joined as a regional pharmacy manager in 1995, then taking on the pharmacy commercial manager role in 1998.

The role has been created to integrate the pharmacy side into the company's main business more "as well as bringing clarity of management for Superdrug's pharmacists in the field", says the company.



David Clark: Superdrug's head of pharmacy

MULTIPLES

MS drug guidance to PCTs

The Department of Health has issued a briefing note to strategic health authorities and primary care trusts reminding them to nominate a lead person to oversee the implementation of the risk-sharing scheme for multiple sclerosis drugs.



Professor David Cowan (centre), director of the Drug Control Centre at King's College London and a fellow of the Royal Pharmaceutical Society, was in the media spotlight last week. Journalists from radio, television and news media were invited to visit the DCC, which will be undertaking the drug testing for the Manchester 2002 Commonwealth Games. Professor Cowan explained how the athletes' samples are logged, then tested using gas chromatography and mass spectrometry. The centre is one of only 27 laboratories in the world that is accredited by the International Olympic Committee to analyse urine samples from athletes

POLICY

Serial murderer Shipman in 20 years of CD misuse

The Shipman Inquiry faces a difficult task in looking at ways of improving the control of medicines availability.

Dame Janet Smith, who conducted the inquiry, pointed out: "Shipman was able to obtain very large quantities of controlled drugs illegally and without complying with any of the statutory requirements of record keeping."

"...While he was in Hyde, he was able to acquire strong opiate drugs for over 20 years by a variety of means, none of which attracted the attention of the police, the Home Office Drugs Inspectorate, or any authority."

The report, published last Friday, is only the first stage of the process and looks at the nature of Harold Shipman, how he obtained the drugs, his method of killing and the likely causes of death of hundreds of his patients. The next stage will "examine how this could have happened and will seek to devise improved systems of control which will prevent such

abuse in the future".

Shipman obtained large amounts of opiates. It is estimated that over the years he went through a stockpile of 12,000mg of diamorphine – enough to cause the deaths of approximately 360 people.

Having started by prescribing 30mg ampoules of diamorphine, he increased the amounts prescribed to 100mg ampoules and, on one occasion, 500mg ampoules.

However, the report suggests pharmacists were unlikely to have had any suspicions: "There is no evidence from the CD registers examined by the Inquiry that Shipman was prescribing or obtaining unusually large quantities of morphine (whether in tablet or any other form) or pethidine during the 1990s."

Shipman used signed orders or collected prescriptions from pharmacies representing patients. He also collected unused opiates from terminal cancer patients.

Two pharmacists are quoted in

the report, and nine pharmacies in and around Hyde provided CD registers for the enquiry. The Norwest Co-op next door to Shipman's Market Street surgery in Hyde, saw the bulk of the supply.

It appears that efforts to monitor Shipman's own stock of CDs were thwarted as he did not keep his own register, having said he would not carry CDs, following convictions for drug offences in 1976.

"Accordingly he was not obliged to keep a CD register," said the report. "Despite the fact that the possession and supply of such drugs are said to be 'controlled', these controls clearly failed to work."

Dame Janet added. "We shall now direct our efforts to attempting to devise improved systems so as to ensure that such a terrible betrayal of trust by a family doctor can never happen again."

For more information:

www.the-shipman-inquiry.org.uk

Drug alert

A batch of Chiron Behring's Adsorbed Diphtheria and Tetanus Vaccine (for children) 1x5 vials, with batch number 063041A, an expiry date of October 2002 and distributed by Farillon, has been recalled due to concerns over its potency after two-years of storage.

The Department of Health says there is evidence to suggest that any child receiving vaccine from this batch as a pre-school booster will still be fully protected.

However, it is advising that should any child have received all of their primary immunisations from this batch of vaccine instead of DTP, the child should be recalled to receive a single dose of DT or DTaP. The child should then be given another dose of DT or DTaP as a pre-school booster at the usual time.

For more information:

Tel: 0800 389 9084

Script levy Bill

The Private Members Bill relating to prescription levy exemptions for chronic conditions is not going to be given a second reading until November 14, the Commons heard last Friday.

Ulster HAZs to continue

The Health Action Zones in North & West Belfast and Armagh & Dungannon will continue to be funded for a further three years, health minister Bairbre de Brun announced last week.

Self-help website

A new website has been set up listing more than 700 UK self-help groups and support organisations.

Suitable for pharmacists and patients the website can be found at www.ukselfhelp.info. A paper version of the directory is also available.

For more information:

Tel: 01253 402237

Stamina needed?

Durex is distributing 150,000 condoms at this year's Commonwealth Games in Manchester, which started on Thursday – the equivalent of three a day for each of the 5,000 athletes taking part.

Durex marketing director John Flaherty commented: "Hopefully, the athletes will have a focus on winning medals too."

MCA consulting proposal to ban kava-kava

The Medicines Control Agency is consulting on a proposal to prohibit the sale, supply and importation of unlicensed medicinal products containing the herbal ingredient kava-kava.

The MCA's action follows advice from the Committee on Safety of Medicines, which says the possible therapeutic benefits of medicinal products containing kava-kava cannot be considered to outweigh the risks.

In a letter to all health professionals, the CSM said: "Kava-kava is considered to have the potential to cause hepatotoxicity which may be serious. The level of risk is not known but is likely to be rare at normal doses."

To date, 68 cases of suspected hepatotoxicity associated with the use of products containing kava-kava have been reported worldwide. There have been three

reports of liver toxicity in the UK suspected to be due to kava-kava consumption.

The CSM is also advising consumers to stop taking products containing kava-kava pending the outcome of the consultation.

The MCA's consultation will end on September 27.

For more information:

www.mca.gov.uk

Tel: 020 7273 0000

MEDICINES

Groups clash over plans to reclassify Pharmaton

Two major pharmacy bodies have responded differently to a proposed reclassification of a medicine from Pharmacy to General Sales List status.

The National Pharmaceutical Association has objected to the Medicines Control Agency's proposal to reclassify Pharmaton capsules as GSL, whereas the Royal Pharmaceutical Society says it has no objection.

The NPA said in a letter to the MCA: "The NPA believes that the public interest is best served if all non-prescription medicines are restricted to pharmacy sale."

The letter also suggested that the "Pharma" prefix should be changed if the product is given GSL status to avoid confusion.

It also outlined the importance of a pharmacist consultation to identify any underlying pathologies or interactions.

Acknowledging changes to the formulation of Pharmaton, with the removal of manganese from the GSL product, the Royal Pharmaceutical Society said in its response: "The Society therefore has no objection to the reclassification."

Although a spokesman said "the Society believes that a pharmacy is the best place to buy medicines," this sentiment is not conveyed in this response to the MCA.

● The MCA is consulting retrospectively on a proposal to reclassify Vivioptal capsules from POM to P.

The reclassification is attempting to correct an anomaly where Vivioptal capsules have been licensed as a P but one of the ingredients, adenosine, is a POM.

The consultation document, ARM3, is available on the MCA's website.

Comments should be sent to Amanda Lawrence, Department of Health, Medicines Control Agency, Room 14-152 Market Towers, 1 Nine Elms Lane, LONDON SW8 5NQ by September 3.

For more information:

www.mca.gov.uk

Amanda.Lawrence@mca.gsi.gov.uk

STI in focus

This year's FPA Sexual Health Week, which runs from August 5-11 will highlight the problem of sexually transmitted diseases, and chlamydia in particular.

Two new leaflets are being issued: *STIs: where to go for help and advice* and *Chlamydia*. Also included in campaign packs are postcards printed with heat sensitive ink showing the torso of a man or woman. "When kissed, these cards reveal the words 'Congratulations, you may have got a sexual infection'," says the FPA.

Leaflets cost £5.00 per 50 + P&P from FPA Direct on 01865 719418.

For more information:

www.fpa.org.uk

Tel: 020 7837 5432



Daisy Wong was named Lloydpharmacy's 'Prereg of the year' at a gala dinner this month at Warwick University. She receives her award from Reckitt Benkiser's professional relations manager, Mel Smith. Daisy works in Lloydpharmacy's branch in Thornhill, Cardiff. The award recognises her performance record, contribution to training days and her project *NHS Fraud in the Community Pharmacy and the Audit Cycle*. Steve Howard, Lloydpharmacy's director of training, commented: "Daisy has been an inspiration to us all through her dedication and unwavering commitment at all times. We are delighted that she has won."

Questiontime

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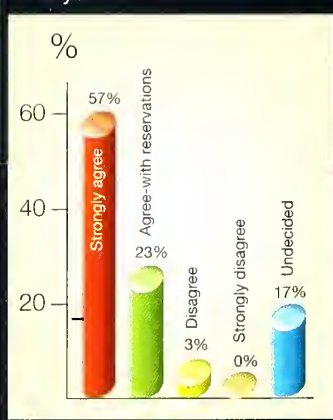
Last week we asked you: "How far do you agree that a two-tier pharmacy contract, based on the level of service provided, would be good for pharmacy?" You replied (see right):

This week's question: What factor should be the most important determinant in allowing overseas pharmacists to register in Great Britain?

- Ability to speak English
- Pharmacist has respected degree
- Pharmacist has passed pre-reg exam
- Pharmacist has significant work experience in UK
- RPSGB has a reciprocal registration agreement
- A combination of factors

You can record your vote on our website: www.dotpharmacy.com Question Time appears on the home page. Select your answer and then click on the "vote" box. Your answer is automatically collated. You have until noon on July 30 to cast your vote. We will publish the results in C&D, August 3.

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† Randomized Study Comparing the Efficacy of a Novel Manual Breast Pump With a Mini-Electric Breast Pump in Mothers of Term Infants. M S Fewtrell, P Lucas et al. MRC Childhood Nutrition Research Centre, London. Journal of Human Lactation May 2001

* Colic, Crying Fussing and Feeding. Alan Lucas MD FRCP, MRC Dunn Nutrition Unit and Department of Paediatrics, University of Cambridge. In: St James-Roberts PhD, Thomas Coram Research Unit, Institute of Education, University of London. Ross Paediatric Research Conference, USA November 1994

Lambeth OUTLOOK

David Lammy up close

Pharmacy's new minister, David Lammy, seems a capable choice for a tough job. Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society reports

The parliamentary party season has ended, bringing to a close the time of year when one reception after another fills the rooms in both Houses. Often, these are hosted by an MP or Peer on behalf of another organisation, as was the case earlier this month when Baroness Cumberlege hosted the AGM and summer reception of the All Party Pharmacy group.

This was an opportunity to see at close quarters the newly appointed parliamentary under secretary of state with responsibility for pharmacy services, David Lammy MP.

He arrived hotfoot from an adjournment debate on the provision of health services, with which he is also tasked. The sheer range of his responsibilities is breathtaking. As well as pharmacy, there is NHS Direct; patient focus, including community health councils, complaints, clinical, negligence, organ retention, the hospital environment and the patient and the Public Involvement Taskforce; Health Action Zones; optical services; dental services/ fluoridation; drugs/alcohol/crime; reconfiguration policy; NHS Plus/occupational health; appointments; Road Traffic Act; and defence medical services.

At the reception, with an audience who would wish him to focus on pharmacy, he was disarming and in listening mode.

He may need all these resources as he tackles the complexities of the pharmacy brief and gets ready for the potentially hot political issue of emergency care in winter.

I think it is safe to say he is not looking forward to the winter, but he did say he was looking forward to being with the All Party Pharmacy Group again at its reception in a year's time – an acknowledgement of sorts that three ministers in 13 months is not the ideal way to oversee the smooth and effective development of pharmaceutical services.

Summer receptions are a good



place to spot ministers in relaxed mode. John Prescott was more amenable and humble than his TV persona. Entering into some good-natured banter about Rhyl (the location of the infamous punch), he was frank about his support for ending low pay. I am told that Gordon Brown – at yet another reception – stepped out of the cautious, somewhat humourless caricature to make ambitious claims regarding ending world poverty and to joke about preparations for Euro 2004. This turns out not to be a coded reference to the referendum timetable but to his interest in international football!

Mr Brown has not just been attending parties over the past few weeks. He recently presented his Comprehensive Spending Review to Parliament, which sets public spending levels until 2006 and, with an extra £40 billion by 2008, this ought to be good news for all those providing healthcare services. Of course, as ever, the Chancellor has been careful to state that resources are linked very firmly to reform.

With the Review making clear that the Government will "spend not spin" to secure future electoral success, delivery is all. So let's hope that before thoughts of winter distract him, delivering on the NHS's Pharmacy in the Future is one of the key goals that will occupy David Lammy over the summer recess.

DoH denies ETP-fix claims

The Department of Health has rejected claims that it has already decided on a preferred model for electronic prescription transfer.

Various industry sources have suggested the Flexiscript model would be confirmed as the DoH's favourite in the autumn, even before the evaluation period ends.

The Flexiscript consortium, with members including Boots the Chemists and National Co-operative Chemists, is piloting the so-called pull model in which prescriptions are sent to a central 'holding' server and can be 'pulled' down by any pharmacy.

"It's not true," said a DoH spokesman, insisting it was far too early to determine a preferred model.

"The independent evaluation will inform decisions on the best solution for a roll-out," said the statement. It added that this could be a combination of all three models.

Ian Shepherd, the Royal Pharmaceutical Society's head of information management strategy, said the professional advisory group on ETP had been given an oral status report on the various pilots, but no-one had mentioned which model the DoH favoured. But he did add: "the [Flexiscript] lobby may have won through".

The Prescription Pricing Authority said it was not aware of any decision having been made and that the eventual system, most likely to be a hybrid, would be

operated as an open industry standard so the roll-out would not be conducted by a single provider.

A PPA spokesman said much more work needed to be done before the roll-out, as current pilots were looking at a limited range of prescriptions.

"Prescriptions issued out-of-hours or by dispensing doctors and dentists have not yet been considered".

A spokesperson for the TransScript consortium said: "So far we have been treated with complete fairness by the DoH."

Pharmacy2U's managing director, Daniel Lee, suspected someone was trying to force the pull model on the DoH. He confirmed that the DoH had asked all three consortia to work together on a common platform and that talks were currently ongoing.

But another source close to the pilots confirmed the DoH appeared to favour the Flexiscript model.

"As there are no evaluation reports yet, this is more due to Boots' lobbying pressure," said the source, which added that the Society unofficially supported the Flexiscript model and had told the DoH as much.

A Society spokesman said it had consistently stated that it was supporting the relay/pull model as it was the only one allowing freedom of choice for a pharmacy at the time of dispensing.



Work and pensions secretary Andrew Smith (left) played an active part in an in-house demonstration of Genzyme's home care kits during a recent visit. The biotechnology company, which is in Mr Smith's Oxford East constituency, specialises in the research and development of products for rare genetic diseases. Also pictured are Genzyme's head of nursing, Lorraine Burnett (crouching), patient Simone Hornsby and Genzyme's homecare director, Dominic Moreland

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Vantage Convention

AAH Pharmaceuticals' Vantage Convention will take place in Singapore next year, during the first week in June. Further details will be confirmed in September.

Doncaster VIP trip

Pharmacists can win a pair of VIP tickets to the horse races through a promotion run by shortline wholesaler Doncaster Pharmaceuticals.

The prize includes tickets to Ladies' Day at Doncaster Racecourse's St Ledger meeting on September 12, a champagne reception, pre-racing lunch, complimentary bar and afternoon tea.

Promotional postcards will be sent out to pharmacies across the UK, but registration for the prize draw can also be done by calling the DP sales team on 01302 554802.

Bayer sells H&R

Bayer AG intends to sell its fragrances and flavour division, Haarmann & Reimer (H&R) to EQT Northern Private Equity Funds for €1.66 billion (£1.1 bn).

EQT plans to integrate the business with H&R competitor Dragoco. The merged fragrances and flavour businesses will have a turnover of €1.2bn.

New AESGP president



Albert Esteve has taken over the presidency of the Association of the European Self-Medication Industry (AESGP).

Mr Esteve, a former president of the Spanish OTC-manufacturers' association, is a member of the executive committee and director (general administration) of the Esteve Group. The group's OTC business is being developed by its subsidiary Pensa Farmacia.

Mr Esteve succeeds Dr Alessandro Banchi of Boehringer Ingelheim.

Numark on final leg of conversion

Numark shareholders have endorsed its conversion to a public limited company – and the underlying business plan – with a 95.4 per cent majority at the second ballot. The ballot required a single majority.

The matter is now being referred to the Financial Services Authority and Companies House. Numark's conversion is expected in mid August.

Flotation, probably on the Alternative Investment Market (AIM) is likely to follow in two to three years.

Numark has also raised £6.2 million through share applications, more than double its minimum target.

"We are delighted with the result, which allows us to go forward with some strength," said David Wood, Numark's managing director.

Mr Wood added that nearly all the money raised would go towards the shared-ownership pharmacy scheme. Numark will concentrate on pharmacies with



turnovers below £650,000.

He insisted that conversion to a plc would not diminish Numark's focus on independent pharmacy, as this was the basis on which shareholder value would be created.

"We are in the nice situation that all our members are shareholders, which is different to other multiples," Mr Wood said.

"We aim to make Numark the

brand representing independent pharmacy to the local community. Furthermore, shareholders will be able to see strengthening of the Numark brand reflected in the value of their shares."

With the conversion process nearing completion, merger talks with Nucare are due to resume in September.

"We think there is merit in pursuing the talks, but the acid test will be whether both companies feel they can add shareholder value."

Nucare expands chain

Nucare's pharmacy chain now has eight outlets following the addition of three from Essex. The pharmacies, in Hornchurch, Shenfield and South Woodham Ferrers, will continue to trade under their existing names.

Nucare managing director Mahesh Shah said independent

pharmacies were increasingly being snapped up by supermarkets and major multiples.

"Our commitment to Nucare-owned pharmacies will help to slow this drain and ensure the independence of pharmacy," Mr Shah added.

Fingerprint fraud scheme

Pharmacists in Inverness are taking part in a new scheme aimed at reducing retail crime.

The Thumbprint signature programme, run by Northern Constabulary in association with various community associations and the local council, involves cheques and credit card slips being further endorsed by the customer's fingerprint.

The scheme uses wax-based pads rather than the traditional ink-based version.

Constable Mel Fowler said many of Inverness' pharmacies, including Lloydspharmacy, Moss Pharmacy and Superdrug branches, were already participating. Credit card fraud in particular had been reduced significantly.



Meanwhile, officers from Central Scotland police (Stirling) presented the concept to members of the Forth Valley Area Pharmaceutical Committee.

Constable Sid Pask, from the force's community safety team, said the retail pharmacists at the meeting had been very interested and they even suggested the scheme could also be used to address prescription fraud.

Central Scotland police are hopeful that at least the first issue of the pads will be funded through a grant from the Community Safety Partnership Fund, which was set up by the Scottish Executive.

Northern constabulary received £1,000 from the fund, but raised another £9,000 from big businesses in the area.

Replacement pads cost £4-£5.

POLICIES

Lords call for animal test alternatives

A House of Lords report on animal experiments has urged both the Government and researchers to look for alternative methods of testing new chemicals.

"The development of scientifically valid non-animal systems of research and testing is important, not just to improve welfare, but to provide substantial benefits to human health," said the House of Lords select committee on animals in scientific procedures.

It suggested that a dedicated centre looking at the "three Rs" – reduction, refinement and replacement – should be set up.

However, the committee stressed that animal experiments remained essential for medical practice and the protection of consumers.

Please e-mail your views to chemdrug@cmpinformation.com

Dual RPSGB role has held back pharmacy



Christine Glover (*C&D*, July 20 p29) and Marshall Davies fail to see what benefit could follow a split between the Royal Pharmaceutical Society's "regulatory" and "membership" roles. May I trespass on your columns in a humble attempt at some enlightenment for people who I greatly respect?

We need to look forward for a few years to see where the Council's present proposals may take us, so let us look at say, 2007. Council now consists of 50 per cent lay members, all approved by the Government by various methods before appointment. Technicians have been registered for two years and a good number have advanced to become 'Checking Technicians' – encouraged by government grants and the approval of RPSGB.

However, the shortage of pharmacists has become even more acute than at present and Saturday opening rotas for community pharmacies have had to be established in some areas, while preparations are being made to enable pharmacists to legally shuttle between two adjacent pharmacies, each with its own checking technician.

The practise has, of course, existed unofficially for many years, a blind eye having been turned.

To cope with the growing shortage of pharmacists, the Government and RPSGB announced that a new two year degree course, at BSc level, is to be introduced for community pharmacists who intend to be dispensary managers, leaving the four year MSc for those with higher aspirations.

Five new schools of pharmacy

are being approved on a fast track and, for a limited period, the one year's pre-registration training is to be compressed into three months.

The great danger, you see, is that if the Government is both employer (through the NHS) and regulator (through the lay members of RPSGB) then there will be an irresistible temptation for them to lower standards to meet manpower shortages. And there will be no-one to take issue with this lowering of standards – you may take it that the major pharmacy multiples will not object to a lowering of pharmacists' standards if it leads to lower salaries. And the NPA is also unlikely to object since it inevitably reflects its membership who are increasingly medium to large companies.

There is nothing evil or sinister in this, it is merely the forward projection of existing trends. Both commercial and government interests will be served by a lowering of standards and RPSGB will be emasculated by its lay members acting in concert with those elected members whose loyalties lie elsewhere.

If, however, the Council considers the alternative course of giving up its regulatory powers and strengthening its membership and representational powers, then none of this need happen.

Regulation of pharmacists will then take place through mechanisms like the present GMC, leaving RPSGB free to pursue other interests, such as protecting and enhancing individual pharmacists and the profession as a whole. Such a course of action is more in line with the Charter than the present proposals.

It has been asked of me "What will RPSGB do?" in such circumstances. The answer, frankly, is that it will have to do what it was always supposed to have done – it will have to support the membership.

I've also been told that people would not continue their membership on a voluntary basis and, of course, they won't if the membership is of no value.

To me this fact alone will make the Council take action to make continued membership desirable.

A case can be made at present that Council has already lost the confidence of the membership, and it may have also lost confidence in itself because it is difficult to see that RPSGB has made any real fundamental difference to the profession of pharmacy for many years. The need to retain and recruit members may be just the stimulus needed.

Consider now the BMA and the RCN. Neither has regulatory functions – they both concentrate on membership functions. Are they more or less effective than RPSGB? By a small or a large margin? Are they consulted over the membership of their regulatory bodies? Do they have influence over the regulation of doctors and nurses? Is such influence as great as it would be if they were themselves the regulatory bodies?

It is immediately apparent that removing the regulatory function and making membership of RPSGB a voluntary matter would be the finest thing which could happen to pharmacy.

In fact, I am going to suggest that the dual regulatory and membership role of RPSGB is the one great factor which has held back the development of pharmacy.

It has meant that any pharmacist who has approached RPSGB for help in difficult circumstances has been viewed as a potential transgressor.

It has meant that any potential new developments have been viewed by RPSGB from a viewpoint which is primarily that of a regulator, rather than that of an innovator.

It has forced on RPSGB the role of a crusted reactionary who fears change.

It has, in short, lessened both the Council and members' self-confidence, has stifled innovative initiative, and has let the Government come to believe that pharmacists will be docile whatever is done to them.

Change in our Society there must be. Let it be change for the benefit of the membership rather than change for the benefit of the Government.



Society consultation is a sham

Pace Christine Glover (*C&D*, July 20, p29), but the Society has yet to publish any definitive modernisation proposals, save that the Society should continue with a representative and regulatory role.

What we have had is a set of options as the basis of a consultation process. The final results of that consultation have yet to be announced.

The fact that Mrs Glover and the President, too, are busy attempting to shoot down the Young Pharmacists Group's plan before the process is complete suggests they are defending a decided position – in other words, the consultation is a sham. It seems that we should all prepare ourselves for an unacceptable and unwelcome announcement.

This, of course, raises the question of how those Council members and their fellow travellers who are driving the "modernisation" process see their role. Do they feel they have to ascertain and reflect the views of members, or do they feel free to do exactly as they wish? The impending announcement will provide the answer to that question.

Mrs Glover criticises unnamed "commentators" for being unaware of the roles the Society performs. Several of those commentators – and this includes me – worked for the Society in senior positions for many years. They can be expected to be thoroughly familiar with the workings of the Society in all its aspects.

R. Gartside
Llanberis

Douglas Simpson
Beckenham, Kent



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IVAX

Taking the initiative in healthcare

Comment

from the Editor

Pharmacy has taken a couple of knocks in the past few days; nothing major but, in their own small way, quite significant.

The first was the Royal Pharmaceutical Society telling the Medicines Control Agency that it has no objections to a P medicine becoming a GSL. Although Society policy is that the pharmacy is the place to buy medicines because advice is on hand, it failed to remind the MCA of this view in its response (p6). So much for the profession's representative body representing pharmacists' interests – and this before any increase in the lay representation on Council.

More sinister is the news that commercial interests appear to have come before professional matters because pharmacists are being targeted directly by pro-lifers. Unfortunately, a patient group direction scheme in North Somerset has been singled out by anti-abortionists, as the PGD allows supply of emergency hormonal contraception to girls under the age of 16. For some reason, only the two Tesco pharmacies taking part were affected although other pharmacies have been involved in the scheme. The protesters are believed to have intimidated the pharmacists, putting their names on a website.

Tesco, in seeking to protect its pharmacists (or is that its business?), has decided it is now company policy for its pharmacists participating in any EHC PGD not to supply girls under 16 years, but to refer them. Tesco says the changes “reflect how we listen to customers and react to their concerns. We have a responsibility to serve all customers from the communities in which we operate and believe that this decision addresses concerns raised by some, but allows us to continue to fulfil our role as a responsible pharmacy group.”

What about the customers who happen to be girls under 16 seeking EHC? And what will happen to Tesco's pharmacies when the animal rights people decide that pharmacists are legitimate targets for dispensing animal-tested medicines?

What will happen when the animal rights people decide pharmacists are legitimate targets?

Your views

Daniel Lee, managing director of Pharmacy2U, responds to Xrayser and tries to set the record straight over community pharmacy

Patient choice will be maintained

I am hoping to bring a sense of perspective to the current hype about Pharmacy2U and calm down the panic-merchants who believe that community pharmacy has no future.

Unfortunately, the perception of Pharmacy2U Ltd and the Pharmacy2U ETP consortium have become entwined.

While the Pharmacy2U Ltd business model supports nationwide home delivery, the Pharmacy2U ETP consortium was formed to build – and is now piloting –

the infrastructure to send and receive electronic prescriptions between the GP practice, the pharmacy and the PPA.

The consortium includes Pharmacy2U and Co-op Healthcare with more than 130 pharmacies.

At the last count the PPA had approved seven Co-op pharmacies to receive electronic prescriptions. All pharmacies are using Hadley Healthcare's Eclipse pharmacy management system that is currently used by over 450 pharmacies.

We are sensitive to our retail pharmacy colleagues and have acted transparently in communicating with all stakeholders as we look to prove the robustness of the technical platform.

The volume of prescriptions

required to prove the model are modest and will not have any material effect on the local health economy, especially considering prescription volumes are forecast to increase by 6 per cent next year.

However, it is important that we prove the viability of the technical platform and begin work on converging the pilots into one solution to facilitate roll out to all pharmacists.

Such a roll out of ETP is now high on the agenda and it is our intention to help all pharmacy systems integrate into the technical platform should the Pharmacy2U consortium model prove consistent with what the DoH chooses to roll out.

The onus will then be on all pharmacists to engage with ETP.

We believe ETP will free up a great deal of pharmacy time and

allow the greater provision of additional services, with the opportunity to be paid for these services through LPS arrangements.

In conclusion, Pharmacy2U Ltd forms only part of the Pharmacy2U ETP consortium. The consortium believes the benefits of ETP to all pharmacy are enormous and, as such, has decided to expend time and effort on forwarding the ETP agenda.

On rollout of ETP it will be, as it is now, down to patient choice as to where they would like their prescription sent.

Pharmacy2U Ltd will provide patients with a new choice, but it is not our wish to be the only choice and we do not believe our actions will create this situation.



BlackBAG

Much ado about nothing

Just one topic has dominated UK general practice in the past few months. But the New Contract is not the first 'New Contract'.

When Kenneth Clarke was in charge, prior to the 1990 version of the 'New Contract', he observed that whenever he mentioned reform, "all he could hear was the sound of GPs fingering wallets".

Since the Local Medical Committee annual conference in June, meetings have been dominated by the subject and wallet fingering did occur, not least over the tricky issue of pricing the changes for individual GPs, and the pay for training in general practice in the first place.

Last year, for the first time since such training was established, there was no annual conference for doctors training to become GPs.

Only five people applied to attend the proposed conference. In the face of this apathy, the training doctors tried again in 2002 and Stratford upon Avon hosted an over-subscribed conference for GPs to be.

Titled *General Practice:*

The Government knows who is wearing the boots and who the living room slippers

Probably the best job in the world, it drew speakers such as Lord John Hutton, John Chisholm from the general practitioners committee, and David Wrigley, chairman of the committee for doctors training in general practice, who responded to Lord Hutton's lengthy appeal for help with a wave and "well thanks for that John. Cheerio".

These guys know – and the Government knows – who is wearing the boots and who the living-room slippers. The 'yes' vote to the national ballot over the New Contract is a breathing space. But pitiful pay, by definition, really does produce much ado about nothing.

Dr Ian Banks is a practising GP in Northern Ireland

TOPICAL REFLECTIONS

High tariff list prices suit nobody

The cause of greatest concern to my Primary Care Trust is the continuing overspend on prescribing.

If too much money is spent on drugs, other projects have to be pruned because of a limited budget. This lesson in basic accountability mainly affects the development budget for GP services and elicits a wry smile from me. Nevertheless, I do have some sympathy for most GPs, who are now conscientiously trying to prescribe cost effectively.

Generic prescribing has hit an all-time high, but some GPs are quite rightly asking why all those savings on generic drugs are not reflected in their total drug expenditure. It is in this analysis that the perversity of the system starts to unravel.

As an example, doxazosin has now been available generically for almost six months. I buy at between £2 and £4 per 28 tablets, depending on the

strength, whereas the tariff is still listing £9.87 for 1mg, £13.05 for 2mg and £15.86 for 4mg. This is a huge disparity of reimbursement with the reality of the market place, which will ultimately be clawed back into treasury coffers at the next discount inquiry. Meanwhile, the PCT is starved of cash because the prescribing budget is overspent and Pfizer reps are convincing local GPs of the cash savings to be made by prescribing Cardura XL!

PCTs are starved of vital cash because the DoH claws back from pharmacists the excess supply profits that have come from PCT prescribing budgets. Bad for GPs, bad for pharmacists, but good for the treasury, because I doubt this hidden back subsidy of excess reimbursement will ever find its way back into the prescribing budgets of the PCTs, where it rightfully belongs.

Shelf fillers

Merck, Sharpe and Dohme's new COXII inhibitor Arcoxia has been launched and is slowly being prescribed. It's too early to judge its effectiveness compared with existing drugs. Meanwhile, my shelves are becoming clogged with boxes designed by people who obviously have no concern for the problems of community pharmacists.

If Arcoxia emulates the success of Vioxx I will need a new dispensary to accommodate all the huge

boxes. That's packaging gone mad and, to make matters worse, there isn't any content identification on the ends of the boxes, which means I have to stack them by their sides.

My requirements are simple. A box that unambiguously conveys the required information, provides the correct space for the label and occupies the minimum space on my shelves. Is that such a tall order for the pharmaceutical industry's experts?

Fleet Street's blinkered view

Researchers do sometimes seem to spend millions of pounds to prove the obvious. A case in point is a recent study, reported in the *BMJ*, into the quality of medical evidence reporting (*C&D* July 20 p21).

The authors concluded that, in terms of objectivity, the standard of reporting between *The Sun* and *The Times* was similar. Both papers emphasised the entertainment value of medical information above its importance to public health.

The problem the authors have is that, in publishing in the *BMJ*, they are preaching to the converted. If their report had been objectively reported by front page headlines in *The Sun* or *The Times*, it might have been worth all the effort. But I doubt many of Fleet Street's reporters even know the *BMJ* exists, let alone feel motivated to read it.

To be fair, I also doubt a fortune was spent on this research but, as a cynical reader of much of our national press, it certainly seemed time wasted on demonstrating the obvious. How about this for a research topic instead: selective reporting may harm people's perception of how medical research can benefit public health.



Patients reject mail order pharmacies

German pharmacists' fight against mail order has received a massive boost after nearly 10 per cent of the German population signed a petition supporting the existing pharmacy structure and rejecting the government's attempt to allow mail order pharmacies.

As many as 7.7 million patient signatures have been collected in more than 20,000 pharmacies (the total number of pharmacies in Germany is 21,500) over the last two and a half months, making *Initiative Pro Apotheke* the most successful petition in Germany's history.



An over-sized patient pack provides the parliamentary minister for health, Gudrun Schaich-Walch, with information regarding the *Initiative Pro Apotheke* campaign, as ABDA-president Hans-Günther Friese symbolically hands over the 7.7 million signatures

The signatures have now been handed over to the health ministry.

"This is an unequivocally clear call to all those elected politicians who are currently debating legislative changes and legalising mail order in Germany," said Hans-Günther Friese, president of ABDA, the umbrella organisation of Germany's two pharmaceutical bodies.

Launched by ABDA in mid-April, *Initiative Pro Apotheke* was a direct response to recommendations by a joint government-stakeholder working group (Round Table for Health), which explicitly included e-commerce and mail order for medicines.

ABDA insists the introduction of mail order for medicines puts patients at risk, would irrevocably destroy the current pharmacy network and would be certain to lead to pharmacy chains being established. It stressed, however, that it was not against use of the internet per se.

The government said it found the campaign "utterly incomprehensible" and accused pharmacists of scaremongering and attempting to use using patients to prevent useful and fair competition.

"We are expecting the European Court ruling on whether the ban on mail order of medicines complies with European legislation for spring 2003," said the parliamentary secretary for health, Gudrun Schaich-Walch.

She added: "To ensure that pharmacists are then not faced with a situation where there are no competition rules, we want to establish a clear framework in order to safeguard the competitiveness of German pharmacy."

The government said it would ensure that:

- the quality in terms of product and delivery mechanism is maintained
- cherry picking is prevented
- the same price competition rules apply to traditional and mail order pharmacies
- the latter are forced to participate in the rota for out-of-hours service.

It also promised pharmacists that, as part of a far-reaching reform of the healthcare system in 2003, their reimbursement system would not only be based on the price of medicines but would also include some element of payment for advice. That is, of course, if the same coalition government stays in power after the general election in September. The main opposition parties are opposed to mail order.

Meanwhile, the campaign has received "unqualified support" from wholesalers. Members of Phagro, the German pharmaceutical wholesalers' association, have agreed to distribute the petition lists and associated materials and to promote *Initiative Pro Apotheke* on delivery vans as well as through interviews and advertising.

Furthermore, Gehe AG is actively supporting the newly established Association of Innovative Service-oriented Pharmacies (ISA), which intends to develop a concrete vision for pharmacies in the future. ISA, which was founded by eight pharmacists, argues that many pharmacies are already providing a lot of the services being called for by politicians.

At the same time, seven pharmacists and the chief executive of the Swiss online pharmacy Mediservice, Dr Thomas Kerckhoff, have formed the Association of German Mail Order Pharmacists (BVDVA).

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Paracetamol, Caffeine,
Codeine

Continuing her Body Basics series, Fawz Farhan describes the structure and functions of eyes

Windows of the soul



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1242), in association with multiple choice questions being published in C&D August 3, provides one hour's continuing education

Learning Objectives

- To revise the external and internal structures of the eye
- To revise the function of those structures
- To understand how vision takes place
- To appreciate how the eye adapts to light and dark, near and far objects
- To be aware of what can go wrong

The eye is a collection of specialised structures that act in a similar way to a camera and film to refract light and produce an image.

In the embryo, the eye develops as an out-pocket of the brain. Because the eye is exposed, it is vulnerable to damage and so external structures have developed to protect it.

Protective structures

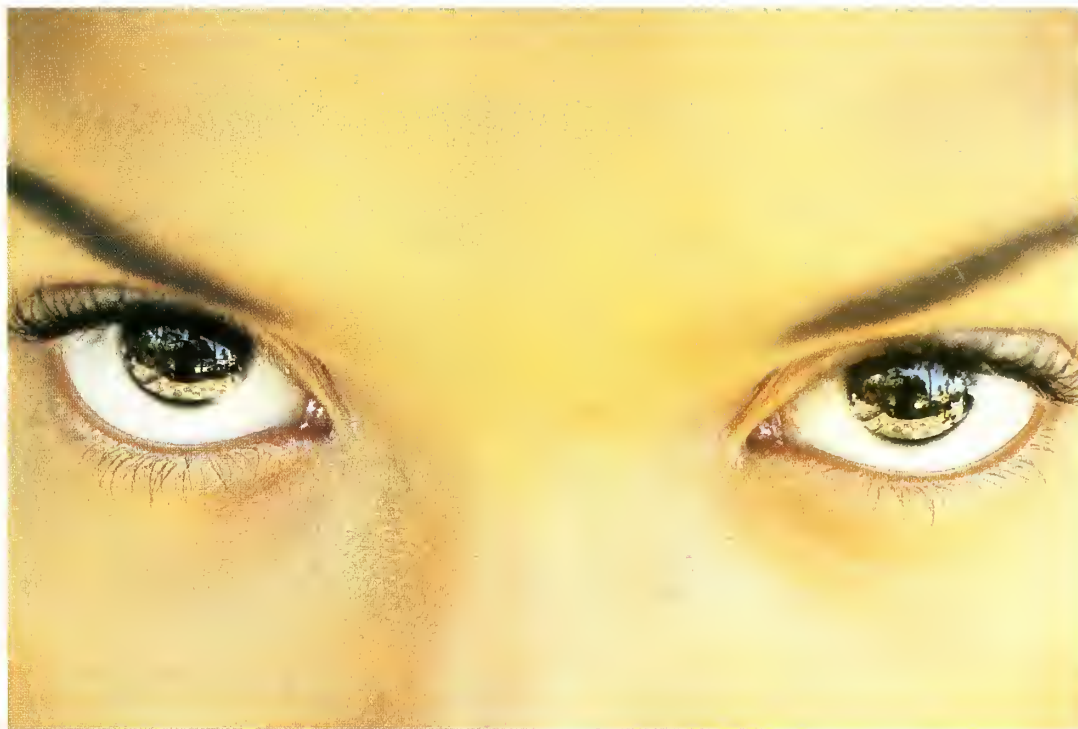
The eye is situated within a cavity in the skull called the orbit, or eye socket. The bone protects over half the dorsal part of the eye.

Eyelids protect the front part of the eyes from stray objects and helps to lubricate them through blinking. Eyelashes and eyebrows help to keep foreign matter and sweat out of the eyes.

Directly on the front surface of the eyeball, and lining the inside of the eyelid, is a thin membrane called the conjunctiva. This produces mucus that helps to lubricate the eye. The conjunctival sac, where the conjunctiva joins the lower eyelid, is the best site to apply eye drops or ointment.

The lacrimal glands produce tears to lubricate the conjunctiva and wash away foreign objects from the surface of the eye and the conjunctival sac. Tears also contain an enzyme that protects against infection.

The glands are located in the upper, outer corner of the eye. Tears are carried across the eyes and drained through ducts in the inner corner of the eye. Excess tears may drain out into the nose to produce a runny nose.



Light is refracted through a series of internal structures within the eye, leaving an upside down, back to front image of the object on the retina. The visual centres of the brain turn that image the right way round

With age, the glands produce fewer secretions, resulting in dry eyes. Sometimes the ducts draining tears away become blocked, leading to poor drainage and watery eyes. Artificial tears and eye lubricants are often prescribed for this condition. Another consequence of age is the conjunctiva thinning and drying out, which causes inflammation and enlarged blood vessels.

The eyeball is made of three coats or tunics:

- **Sclera**, commonly called the white of the eye, is the outermost

coat and is made of tough connective tissue.

- **Choroid** is the second coat, which consists of a network of connective tissue and blood vessels. This layer contains a dark brown pigment, which acts as an anti-reflective device in a similar way to the dark lining of a camera. It prevents light entering the eye from scattering and reflecting around the inside of the eye, and causing blurred vision.

The blood vessels of the choroid can indicate disease (such as retinopathy) and it is often examined during a routine eye test.

- **Retina** is the inner tunic and acts as a receptor for the eye. It contains light-sensitive rods and cones, specialised structures that receive light and convert it into a nerve impulse that is sent to the brain to be processed into an image.

How vision takes place

Light entering the eye has to pass through several transparent internal structures before it reaches the retina. Their main function is to refract (bend) light, so that a large image can be

Continued on page 18 ►

Refractive disorders

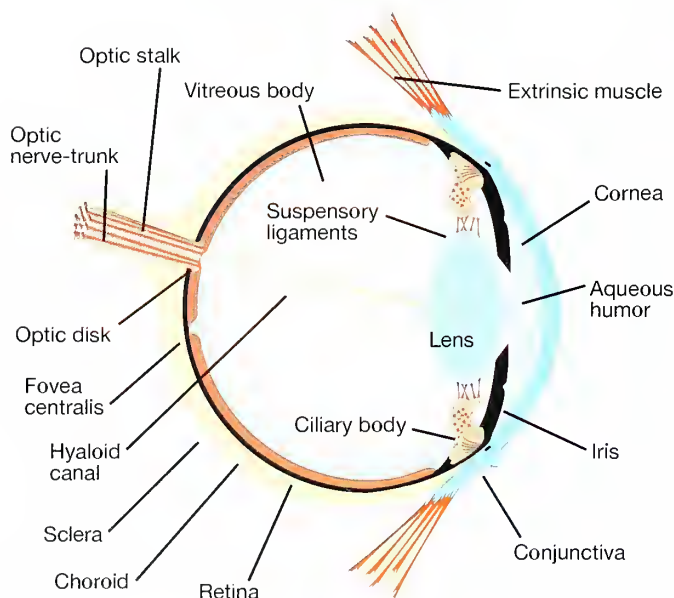
● **Short sightedness (myopia)** is caused by the eyeball being too long or the cornea bending the light too sharply. As a result the focal point occurs in front of the retina and so distant objects become blurred. Concave lenses can correct this by altering refraction of light so that the focal point is pushed onto the retina.

● **Long sightedness (hyperopia)** is a result of an abnormally short eyeball. This distortion means the light rays cannot refract or bend at a sharp enough angle to focus on the retina. As a result, the focal point occurs behind the retina and the image is blurred. Holding an object far enough from the eye can improve focus. Convex lenses can correct long sightedness by increasing the refraction of light. Long sightedness is common with old age.

● **Astigmatism** is a result of irregular curving of the cornea or lens leading to incorrect light refraction and blurred vision. This condition can occur with myopia or hyperopia.

Laser eye surgery is now being used widely to correct refractive disorders. It can eliminate the need for glasses and contact lenses or can reduce the prescription considerably. The treatment works by burning the surface of the cornea and reshaping it to change the refractive angle of light as it passes through.

Structure of the eye



focused on the relatively small area of the retina.

● **Cornea** is a continuation of the sclera but is found at the front of the eye and is transparent and slightly protruding, acting as the main light refracting structure in the eye. It has no blood supply and is nourished by tears and other fluids that wash over it.

● **Aqueous humour** is the watery fluid located in front of the lens. It helps to maintain the curve of the cornea and its refracting ability. It is constantly replenished from the blood, providing the cornea and lens with nutrients. The fluid is then reabsorbed into the bloodstream together with by-products to be eliminated.

● **Lens** is a clear, biconvex structure made of firm, elastic tissue. Its thickness can be adjusted to focus light from both near and far objects.

● **Vitreous body** is a jelly-like substance composed mainly of water that fills the area of the eyeball behind the lens. It maintains the shape of the eyeball and aids refraction.

Eye muscles

Two groups of muscles are associated with the eye: the extrinsic muscles which control the movement of the eyeball within the eye socket, and the intrinsic muscles, which are inside the eyeball and control sight.

● **Extrinsic muscles** These are voluntary muscles that originate in the bone of the eye socket and are attached to the eyeball at the sclera. They consist of six ribbon-like muscles, which help to swivel the eyeballs within the socket in a smooth, co-ordinated movement so that both eyes centre on one visual field.

This is called convergence and is essential for creating a clear image on the retina. The positioning of the eyeballs (slightly apart at the front of the head) achieves three-dimensional vision.

Intrinsic muscles

Intrinsic muscles are involuntary and refer to the iris and to the ciliary muscle in the ciliary body.

Iris, the pigmented part of the eye, is composed of circular and radial muscles, which constrict and dilate to control the size of the central opening (pupil).

The function of the iris is to control the amount of light entering the eye, so that clear vision is achieved.

In bright light and when looking at near objects, the circular muscles of the iris contract and the radial muscles relax to reduce the size of the pupil and the amount of light entering the eye. In dim light and when focusing on distant objects, the radial muscles contract and circular muscles relax to dilate the pupil.

The ciliary muscle is attached to the lens via the suspensory ligaments. When this muscle contracts, it removes the tension on the ligaments so that the lens, which is elastic, recoils and becomes thicker. When the ciliary muscle relaxes, the suspensory ligaments become taut and the lens is flattened.

These actions on the lens change its refractive capability and allow correct focussing.

Accommodation – the process that allows the eyes to focus on near objects – involves the ciliary body contracting to thicken the lens, and the circular muscles of the iris contracting to constrict the pupils. With age, the lens becomes less elastic making it harder to focus on near objects and resulting in age-related long-sightedness (presbyopia).

Nerve supply

The eye has two sensory nerves: the ophthalmic branch of the trigeminal nerve (cranial nerve V) and the optic nerve.

Continued on page 20 ►

Common disorders

● **Cataracts** – a clouding of the lens resulting in blurring and eventually loss of vision. The cause is unknown but the condition is more common in the elderly and in people exposed to excessive UV light. Protective eyewear is recommended to decrease the risk. Treatment is usually by surgical removal of the

lens and the insertion of an artificial lens implant.

● **Glaucoma** – an increased pressure in the eye caused by poor reabsorption of aqueous humour into the bloodstream. This high pressure gradually destroys the optic nerve fibres, and leads to disturbed or lost vision. Early diagnosis is essential as drugs can be

used to reduce the intra-ocular pressure, and consequently stop or reduce the destruction of the optic nerve fibres.

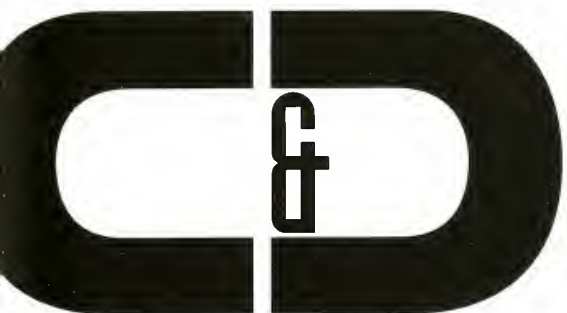
● **Diabetic retinopathy** – retinal damage occurs as a result of blood vessel haemorrhages and growth of new vessels. Good diabetic control can prevent this or slow its onset.

● **Retinal detachment** – loss of vision occurs when the retina detaches from the underlying layer as a result of trauma or accumulation of fluids or tissue between the layers. Surgery using an electric current or laser can “spot weld” the retina back.

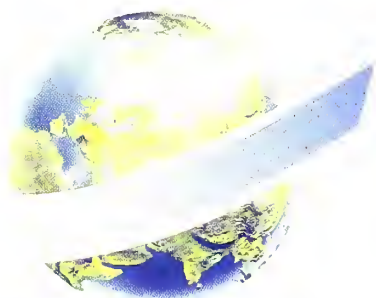
● **Macular degeneration** – the

macula, which contains the point of sharpest vision, gradually degenerates with age but this is accelerated by smoking, excess sunlight and a high cholesterol diet.

It occurs either through accumulation of material on the retina or through the growth of blood vessels under the retina causing it to detach.

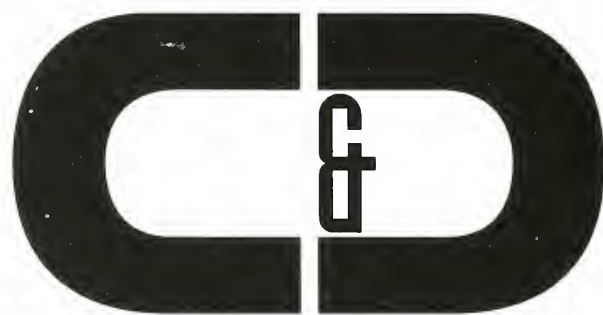


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Gliclazide is the most popular sulphonylurea in the UK for type 2 diabetes. It acts mainly by increasing insulin secretion from the pancreas.



Using Gliclazide

40-80mg daily, increased up to 160mg daily with breakfast
Higher daily doses should be taken in two divided doses, up to a maximum of 320mg

All sulphonylureas can cause hypoglycaemia (1-2% of patients)

Increased risk in the elderly, renal impairment and with longer-acting agents

All sulphonylureas reduce plasma glucose by 3-4mmol/L and are more effective in newly diagnosed patients

Hyperglycaemia impairs β -cell function and insulin secretion, so should be reduced
 HbA_{1c} should be tested every 3-6 months (ideally < 6.5-7.5%)

Post-prandial capillary glucose (home testing) ideally < 7.5mmol/L

Targets may be less strict in the elderly, patients with frequent hypos, or if life expectancy is less than five years

All sulphonylureas can cause weight gain (average 1-2kg)

Can be used first line in lean patients, but metformin is first line for the overweight (BMI > 25-30kg/m²)

Alcohol causes severe flushing and nausea if taken with chlorpropamide

Alcohol is highly calorific and can cause hypoglycaemia

Special Patient Groups

All sulphonylureas accumulate in renal impairment so dose reduction necessary

Tolbutamide, gliclazide and gliquidone are preferred agents in renal impairment

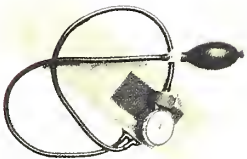
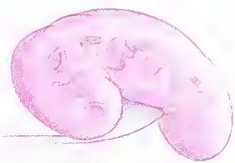
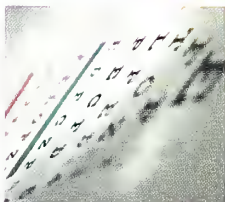
All sulphonylureas should be avoided in porphyria and breast-feeding mothers

Insulin will often replace sulphonylureas in pregnancy, post-MI, severe trauma or acute illness and surgery



Diabetes management encompasses management of blood glucose, retinopathy, nephropathy and neuropathy.

Management of type 2 diabetes in particular is aimed at reducing macrovascular complications of hypertension and dyslipidaemia. Evidence based polypharmacy due to the cardiovascular risk profile can hinder concordance.



Glycaemic control

Metformin is first line in overweight patients
 Glitazide or appropriate sulphonylurea may be used first line in lean patients
 Thiazolidinediones/glitazones are unlicensed for mono therapy or triple therapy in combination with insulin
 Post-prandial regulators/meglitinides used for patients with post-prandial excursions

Diabetic eye disease (both cataracts and retinopathy) is the commonest cause of blindness in the UK
 Retinopathy prevalence relates to duration and control of diabetes (20% at two years and 60% at 15 years from type 2 diagnosis)

Diabetic nephropathy is a microvascular disease related to hyperglycaemia and associated with hypertension
 Microalbuminuria indicates risk of atherosclerosis and CV disease. Proteinuria median survival = 10 years
 Control blood pressure < 125/75 first line with ACE inhibitor/angiotensin II antagonists

Diabetes and blood pressure

Target blood pressure < 140/80 (nephropathy target = 125/75)
 More than half of type 2 diabetics will be hypertensive at diagnosis. Over a third will require 3+ antihypertensive drugs

used first line in type 1 (lisinpril) and increasingly so in type 2 diabetes (rampril)
 used in ACE inhibitor intolerance or in combination with ACE inhibitor (candesartan)
 should be used as in non-diabetics
 should be used in diabetics despite adverse effects on glucose and lipids
 desirable agents as metabolically clean and effective (doxazosin)

Diabetes and dyslipidaemia

LDL < 3 mmol/L
 total cholesterol < 4.8mmol/L
 triglycerides < 1.7mmol/L

use potent agent that also reduces triglycerides (atorvastatin) and aim for 30% reduction in LDL
 may also be considered alone or in combination with a statin (fenofibrate)
 type 2 diabetics exhibit similar coronary risk to those with established CHD

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Northern Ireland pharmacists enrolling for Update will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education and Training.

Just complete the coupon and send it with a cheque for £25.00 (£21.28 + VAT). Alternatively, call Mary Prebble on 01732 377269 with your credit card details. This will register you for 12 months' worth of certificated marking.

For further information, contact Mary Prebble on 01732 377269.

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Address

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Tick this box if you are from Northern Ireland and registering under the NICCPET scheme ☐

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Cranial nerve V carries pain, touch and temperature impulses from the eye and the surrounding area to the brain.

The optic nerve carries visual impulses from the cones and rods in the retina to the brain. Because there are no cones and rods in the optic nerve itself, there is a blind spot at the point on the retina where the nerve joins the eye. No image is formed when light reaches that spot, also called the optic disk.

The fovea centralis, a depressed area in the retina next to the optic disk, contains the highest concentration of cones and is therefore the area of sharpest vision. The area surrounding the fovea is called the macula.

Three nerves carry motor impulses to the muscles of the eyeball. The oculomotor nerve (cranial nerve III) supplies voluntary and involuntary motor impulses, while the trochlear (cranial nerve IV) and abducens (cranial nerve VI) supplies only voluntary impulses.

Retina and vision

Light travels in straight lines. We see things because light bounces off objects into our eyes, where it is refracted through the series of internal structures, leaving an upside down, back to front image of the object on the retina. The visual centres of the brain turn that image the right way round.

The retina consists of several layers of specialised cells. There is an inner, pigmented layer that sits next to the choroid. On top of that are the receptor cells – the rods and cones – named after their shapes. Sitting on top of these are nerve cells that lead to the optic fibre and the brain.

The rods are cylindrical in shape, numbering about 120 million in each eye, and are towards the front of the retina. They are very sensitive to light and can function in dim light. However, visual acuity (sharpness) is low and they cannot differentiate colours, so the images picked up are grey in colour.

Rods are specialised for dark

adaptation. This is best illustrated when you enter a dark room from a brightly lit environment. At first you cannot see anything but, when your vision returns, images are blurred and grey because the rods, rather than the cones, are functioning at this stage.

The cones are flask shaped, number around six million in each eye and are concentrated in the centre of the retina, especially in the fovea centralis near the optic nerve. They function in bright

light and produce sharp images.

Cones respond to colour and come in three types, each sensitive to green, red or blue light. Deficiency in one type of cone results in partial colour blindness, while a lack of any cones leads to complete colour blindness. This disorder is almost exclusive to males.

Both rods and cones contain light sensitive pigments that trigger nerve impulses when hit by light. Rhodopsin, the pigment

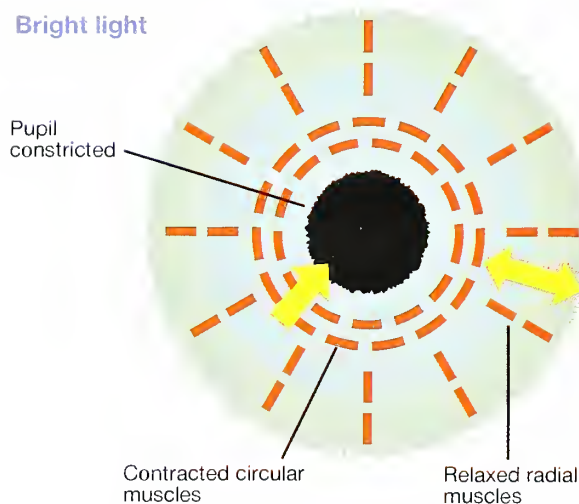
Actionplan

1. Try to find out the percentage of people who need eyesight correction and how many actually have such correction. What proportion of people who need aid with distance vision wear glasses, compared with contact lenses or with laser correction?
2. Do you sell reading glasses? Do you think it is reasonable for pharmacists to give advice about the most appropriate strength?
3. Revise your knowledge of minor eye conditions such as conjunctivitis, styes, and allergic reactions.
4. In your practice workbook develop a table for the diagnostic features, distinguishing between an allergic reaction and an eye infection. What treatment do you suggest for each condition?
5. Do you think pharmacists have a suitable armamentarium to treat conjunctivitis? If not, what would you like to be able to supply? How could you influence the "powers that be" to change the legal status of your favoured drug?
6. How do you treat dry eyes? And watery eyes?
7. Textbooks refer to headache as being a possible presenting symptom of visual problems or headache. Have you personal knowledge of patients who have headaches related to eye problems or hypertension? Can you recall any such presentations in the past year? Discuss this with your colleagues.

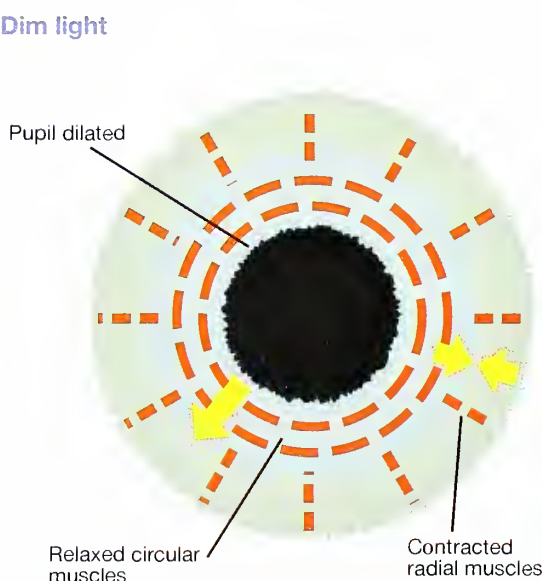
Fawz Farham is visiting lecturer in pharmacy at King's College, London

Action of the pupil

Bright light



Dim light



Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 3 issue, which will cover this week's CPP-accredited modules, together with those in the July 6 and July 13 issues.

The MCQ paper in next week's issue will cover:

● **Heart failure (1240)** ● **Woundcare (1241)** ● **Body basics: eyes (1242).**

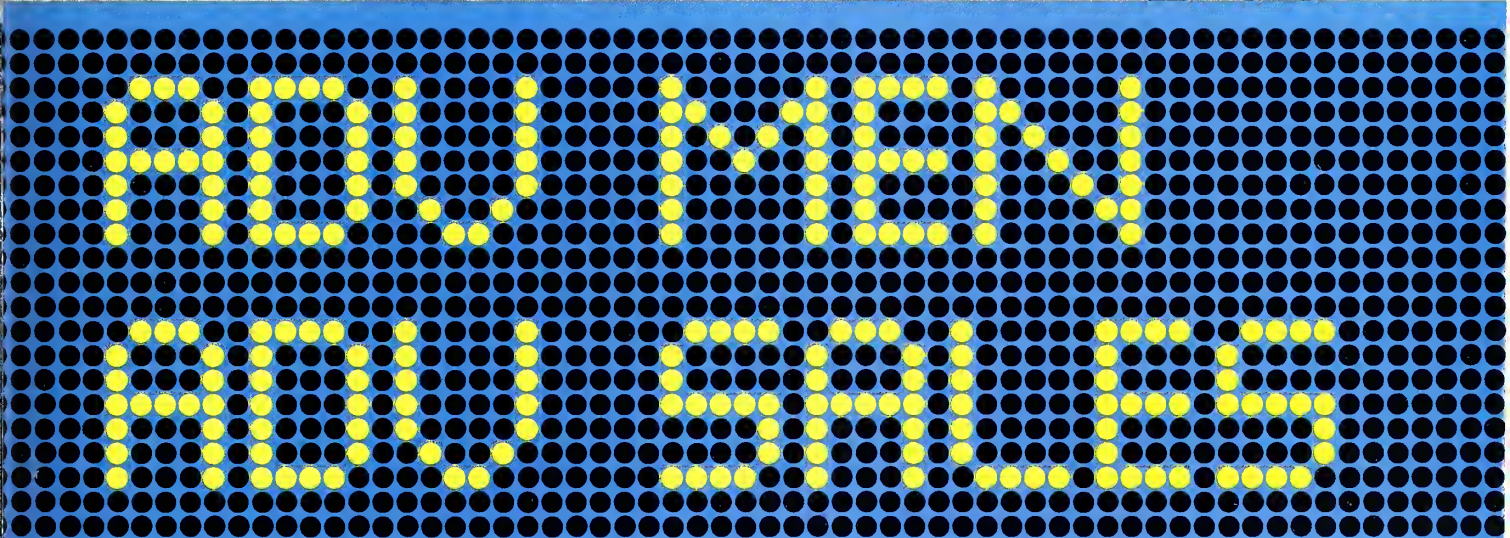
A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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Terbinafine should be first for athlete's foot

Topical one per cent terbinafine cream should be the first-line treatment for uncomplicated athlete's foot, says this month's *Drug and Therapeutics Bulletin*.

Oral antifungals should only be used when topical treatment has failed or if the infection is widespread. However, there is insufficient evidence to recommend one oral treatment over another.

About 17 per cent of adults in the UK will have athlete's foot at any one time. While the condition itself is not dangerous it may be uncomfortable, resistant to treatment, spread to other parts of the body, other people, or become secondarily infected by bacteria.

There have been no trials directly comparing different topical formulations of treatment



but creams are considered more appropriate for moist areas, whereas ointments may be useful where there is dry fissuring. Powders may have little therapeutic value except for prophylaxis, says the *DTB*.

Although terbinafine is more expensive than imidazole creams,

the results of randomised controlled trials have suggested that a single week of treatment with an allylamine (terbinafine) is usually at least as effective as four weeks of treatment with an imidazole.

For more information:

DTB July 2002; Vol 40 No 7

Gene research offers hope for IBD

Increased understanding of the human genome is opening up new avenues for the discovery and development of medicines for inflammatory bowel disease, according to a recent report from the Association of the British Pharmaceutical Industry.

Target Crohn's and Colitis looks at the progress made by the pharmaceutical industry in tackling the two diseases, provides information on diagnosis and pathology and answers frequently asked questions about IBD.

One of the problems in developing treatments for IBD is the complex pathology of the gut lining at the onset of an attack and during its resolution.

Crohn's and ulcerative colitis are estimated to affect 150,000 people in Britain at a total cost of £500 million annually.

The cost of the medicines is only a tiny proportion of the total sum – half is spent on hospital treatment and surgery while a quarter is attributable to sick leave. The booklet is the 14th in the *Target* series and is available from the ABPI.

For more information:

www.abpi.org.uk

mflaming@abpi.org.uk

Tel: 020 7930 3477 ext 1466

Beta-blockers do not cause depression

Doctors should not be reluctant to prescribe beta-blockers to cardiac patients because of concerns about side effects, says a review in the *Journal of the American Medical Association*.

The review of 15 trials, including more than 35,000 patients, did not support the conventional wisdom that beta-

blockers are associated with significantly higher levels of depression. The drugs were associated with a small but significant increase in fatigue and sexual dysfunction.

None of the adverse effects were affected by the degree of lipid solubility of the beta-blockers. Fatigue was most closely

associated with early generation beta-blockers.

The risks of small increases in fatigue and sexual dysfunction should be put in the context of the benefits of beta-blockers for cardiac patients.

For more information:

JAMA 2002; 288: 351-357

<http://jama.ama-assn.org>

'Fashionable' diets a risk

Most doctors believe diets eliminating foods such as wheat or dairy are putting women's health at risk when they are started without medical consultation.

More than a third of GPs questioned for the Grain Information Service blamed the 'questionable' or 'potentially harmful' advice given to women by unregistered nutritionists.

GPs believe self-diagnosis and self-imposed diets can lead to nutrient deficiency, osteoporosis and immune problems. Forty per cent of women have eliminated specific foods in the last five years because they believe they suffer from an allergy or intolerance.

For more information:

www.wheatintolerance.co.uk

Exercise prevents falls in older people

A weekly group-based exercise programme has been shown to be effective in reducing the number of falls in a population of elderly Australian people.

A randomised trial published in the *BMJ* compared the effectiveness of group-based exercise, home hazard management and vision

improvement for reducing the number of falls in just over 1,000 patients aged 70 or over and living at home.

Exercise was the most effective single intervention producing an estimated seven per cent reduction in the fall rate. Home hazard management or improving vision did not show a significant effect when used alone, but when all three interventions were used together, the rate of falls was reduced by 14 per cent.

The reduction in falls in the exercise group was thought to be due to the improved balance of the participants.

The cost-effectiveness of the study has still to be examined.

For more information:

BMJ 2002; 325:128-131

www.bmj.com



Frontshop

Alberto haircare relaunch

Alberto-Culver is relaunching its VO5 haircare range.

Four new shampoo and conditioners are being introduced – Sheer Vitality to refresh normal hair, Moisture Soak to moisturise dry or damaged hair, Deep Nourishing to protect coloured hair and Volume Boost to add body and volume to fine hair. The range also includes a 2-in-1 shampoo and conditioner for all hair types and Super Clean shampoo for normal or greasy hair.

The relaunch will be supported by TV and press advertising plus sampling activity with six million shampoo/conditioner sachets.

● New in the VO5 styling range is Freeze Hold Gel and Re-Work Creme (rsp £2.99 for 150ml).
Price: shampoo £2.19 for 300ml, 2 in 1 and conditioner £2.19 for 250ml

Alberto-Culver Co UK Ltd.
Tel: 01256 705000

Activa helps slip into something more comfortable

Activa Healthcare is launching a stocking applicator for compression hosiery to encourage patient compliance – especially at the higher end of the compression



level, Class 3 and above.

Acti-Glide is designed for easy application of compression hosiery, creating a smooth polyamide layer between the stocking and the leg.

This allows the hosiery to be adjusted as many times as is necessary before the applicator is removed, when making adjustments becomes more difficult.

The applicator is suitable for use with all types of compression hosiery, both closed and open toed. It is particularly suitable for elderly customers who may find it difficult to apply hosiery because of stiffness or arthritis.

Price: £19.99
Activa Healthcare Ltd.
Tel: 01283 540957

P&G gets to the bottom of new category

Procter & Gamble is investing £4.5 million in the creation of a new childcare category with the launch of moist toilet wipes especially for children aged three to seven.

Pampers Kandoo Wipes are intended for potty-trained children who are learning to use the toilet by themselves.

The melon scented, flushable wipes come in a purple and lime pop-up tub with a toilet seat-shaped lid. The Kandoo frog

character is featured on the tub to demonstrate how to use the wipes.

P&G says the wipes have been developed in response to research showing that young children do not clean their bottoms very well with dry toilet paper, requiring parents to 'finish the job'.

The research adds that parents are eager to encourage their child's development in learning this task, but only with reassurances that the child will be clean.

As part of the promotional programme, the brand will be backed by a TV campaign starting in September.

The launch will also be supported by print advertising, point of sale, direct mail and sampling activity.

Price: Around £3.99 for a tub of 60 sheets, £2.99 for a refill of 60 sheets
Pip code: tub 286-6515, refill 286-6523
Procter & Gamble UK
Tel: 0191 297 5000

Scholl campaign ready to take off

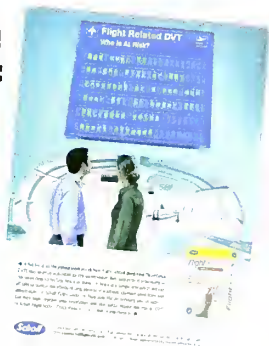
SSL International is homing in on air travellers' concerns about flight-related deep vein thrombosis with a £1 million advertising campaign for Scholl Flight Socks.

The campaign focuses on factors that increase the risk of DVT, such as taking the pill or HRT, pregnancy and recent motherhood, or being aged over 40.

Press advertising will appear in national newspapers and women's magazines, supported by radio commercials. Running until the end of October, the campaign underlines the importance of asking a pharmacist for advice about DVT and Scholl Flight Socks.

For more information:

SSL International plc
Tel: 01565 625000



Carex's fun handwash

Cussons is encouraging children to wash their hands with a fun handwash in the Carex range.

Specially for kids, Carex Squirts Foam is a mild handwash which comes in a 'squirt' shaped bottle.

The bottle resembles the Carex Squirts characters that appear in the TV commercial for the anti-bacterial brand. It features a child-friendly pump nozzle, holographic label and a burst of glitter.

Price: £2.79
Pack Size: 250ml
Cussons (UK) Ltd.
Tel: 0161 491 8000

One day
I'll fly
away

Any holidaymaker who regularly suffers from heartburn or acid indigestion will be awed & happy to hear you recommend Pepcidtwo this summer.

It contains an antacid and an acid balancer, which means that it acts fast, working within 5 minutes and lasts, balancing acid for up to 12 hours, day or night.

What's more, it does all this with just ONE tablet, making it an easy-to-take remedy for holiday travel.

Pepcidtwo
One hit wonder...
made to last.



Further information is available from Johnson & Johnson-MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Pepcidtwo is indicated for the short-term symptomatic relief of heartburn, acid indigestion or excess acid symptoms. Legal category: GSL.

Johnson & Johnson MSD

Scriptlines

Salofalk Foam Enemas

Provalis Healthcare will launch Salofalk Foam Enemas (mesalazine) next week. The rectal foam, which contains 1g of mesalazine per application, is for the treatment of active, mild ulcerative colitis of the sigmoid colon and rectum. The dose is two administrations once daily at bedtime. This can be increased to two at bedtime and in the morning. Undesirable effects include abdominal discomfort, diarrhoea, flatulence, headache, dizziness, nausea and vomiting. Actuated containers should be used up within 12 weeks.

Price: £28.83

Pack Size: 14 doses per 80g canister
Pip code: 289-0085
Provalis Healthcare
Tel: 01244 288888



IVAX makes packs clearer

IVAX Pharmaceuticals has updated the packaging for all its patient packs in a bid to make them easier to identify. Changes include the size of the product name on the pack end, space for the dispensing label and new colours. The changes follow consultation with community pharmacists, dispensing GPs and patients.

For more information:

IVAX Pharmaceuticals
Tel: 08705 020304

Pyrogastrone liquid no more

Sanofi Synthelabo is discontinuing Pyrogastrone (carbenoxolone sodium and dried aluminium hydroxide) Liquid with immediate effect due to production issues. Pyrogastrone tablets – out of stock since May due to problems with raw material availability – are expected to be back in October.

For more information:

Sanofi Synthelabo
Tel: 01483 505515

Frontshop

Puma scents out urban youth

Cosmopolitan Cosmetics is capitalising on the 'urban youth culture' appeal of the Puma sports brand to launch a fragrance range for young men and women in September.

Puma Woman is a sparkling blend of fruits with delicate florals and exotic sandalwood. The range comprises eau de toilette spray in two sizes, shower gel, body lotion and deodorant spray.

Puma Man is a crisp, woody fragrance combining citrus with spices and sensual white musk. Products include after shave lotion, eau de toilette spray, shower gel and deodorant spray.

The clean, modern packaging is

strongly identifiable with the Puma brand and its pouncing cat logo.

● Mont Blanc and Rochas Absolu are two luxury fragrance ranges for women being launched by Cosmopolitan Cosmetics in August.

Mont Blanc retails from £16.00 for deodorant spray to £44.00 for 75ml eau de toilette. Rochas Absolu ranges from £20.00 for bath and shower cream to £45.00 for 75ml eau de parfum spray.

Price: From £3.95 for Puma Woman/Man deodorant spray to £12.95 for Puma Woman 100ml edt spray

Cosmopolitan Cosmetics (UK) Ltd.
Tel: 020 7297 5000

Almay colours and treats lips

An all-in-one lip colour and treatment will be introduced in the Almay range on September 20.

Almay Lip Vitality Lipcolour with Kinetin is formulated to improve lip texture, plumpness and definition while hydrating the lips.

The product contains kinetin, which is found in green, leafy plants, plus aloe and vitamins A, C and E. It also includes SPF 15 protection.

The lip treatment will be available in 12 rich, vibrant colours – from shimmering nude shades to plums and reds.

Price: £7.49

Revlon International Corporation
Tel: 020 7284 8700

Sweet smell of success for Palmolive

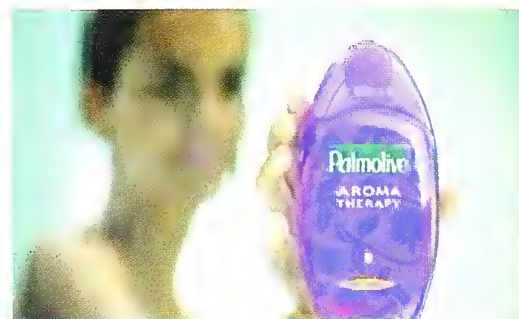
Palmolive Aromatherapy bath and shower products will be on TV in an advertising burst from July 29 until August 25.

The TV commercial is part of a £4 million marketing programme for the range this year. The campaign also includes outdoor advertising and consumer sampling.

Palmolive is the fastest growing brand in the personal wash market (*Information Resources* 52 w/e May 26, 2002).

For more information:

Colgate-Palmolive Ltd.
Tel: 01483 302222



Califig gets rhythm on TV with salsa and Lionel...

The Califig laxative brand is on TV for the first time in a £500,000 summer advertising campaign.

Filmed in the grand Rivoli Ballroom, the catchy commercial features salsa dancers with a voiceover by Lionel Blair.

The dancers' rhythm is intended to mimic the action of fruit-based

Califig, which helps restore natural rhythm by providing relief from constipation.

The campaign will run on Channel 4 until mid-September.

For more information:

Merck Consumer Health Products
Tel: 01482 375234



Golden opportunity

Parfums International is launching a men's fragrance from the House of Cerruti on September 30.

Cerruti 1881 Amber is a modern sensual version of the original classic fragrance.

It has fresh top notes of violet leaves and green peppercorn blending into a floral heart of jasmine and lavender, with warm bottom notes of amber, vetiver, musk and cedarwood.

The fragrance collection includes two sizes of eau de toilette spray, after shave splash and body wash and shampoo. The original packaging has been updated with a new golden amber design.

Price: From £14.00 for body wash to £36.00 for 100ml edt spray

Parfums International Ltd.
Tel: 020 7574 2700

Frontshop

Kodak zooms in on gift sales



Kodak is launching a colourful range of gift packs for Kodak Advantix cameras to maximise on the Christmas gift season.

Six Advantix cameras make up the eye-catching Kodak gift pack with rainbow-coloured packaging.

Each pack will contain a camera, film, photo frame, case, strap and batteries. A demo disc and free trial voucher for Kodak Picture CD will also be included to show how easy it is to be creative with pictures.

The September launch will be supported by holographic PoS material. Floor and counter units will be available.

Kodak is investing £2.5 million in a national TV campaign to advertise sales during the gift season.

Two versions of the brand's 'jungle' commercial will run from November 18-23. The campaign will feature the Kodak Advantix T700 model and new gift packs.

• A third of all Advanced Photo System (APS) cameras currently in use were received as a gift during December and over 50 per cent of camera purchases are for gifts.

Price: Advantix gift packs range from £29.99 to £99.99

Kodak Ltd.
Tel: 01442 261122

Ovex web link with Boots

Johnson & Johnson.MSD Consumer Pharmaceuticals is supporting Ovex threadworm treatment by linking with Boots' website bootslearningstore.com which targets children aged 4-16

and aims to inform teachers and parents about threadworms.

For more information:

Johnson & Johnson.MSD Consumer Pharmaceuticals
Tel: 01494 450778

Innovet

Estroven changes

Wassen International is the new UK distributor for Estroven isoflavone caplets, available through Chemist Brokers. Estroven green tea caplets and glucosamine circumin & ginger capsules have been discontinued.

For more information:

Chemist Brokers
Tel: 023 9222 2500

Australian skincare

Ken Lamacraft Marketing has purchased Australian Bodycare UK which has a pharmacy skincare range as well as a salon business.

For more information:

Ken Lamacraft Marketing Ltd.
Tel: 01372 275932

TVnext week

AquaBan: GMTV

Arm & Hammer toothpaste: All areas except U

Calig: C4

Durex: C4, C5, Sat

Femfresh: C4, Sat

Hedex: Sat

Lamasil: All areas

Listerine: All areas except U, Y, A, CTV, M, TT

Lucozade Energy: All areas except U, CTV, GMTV

Macleans: All areas except U, CTV

MoveLat Relief: C5

Nivea Sun Children's UV Sprays: All areas

OdorEaters: All areas

Oxy: All areas except U, CTV, GMTV

Panadol: All areas except U, CTV

Pepcidtwo: All areas except CTV, W, GMTV TSW

Ribena: All areas except U, CTV

Senokot: All areas

Sensodyne Gentle Whitening: All areas except U, CTV

Solpadeine: All areas except U, CTV

Windeze: B, G, Y, C, A, TT

PharmaSite for next week: Gaviscon Advance – Window, Avomine – In-store, Canesten-Care – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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or visit www.activahealthcare.com

Testing times ahead

Diagnostic screening can be vital in empowering patients to take an active role in managing their health, a key aim of the NHS Plan, reports **Gary Paragpuri**



The NHS Plan requires every primary care trust to provide a medicines management service by 2004. That is only 17 months away.

Fortunately, the Government has made it clear through its national medicines management pilots that it wants to offer these services through community pharmacies.

Consequently, pharmacists who are prepared to roll up their sleeves and take the short but professionally rewarding step towards providing these services now are likely to reap the rewards.

Although some pharmacists may view

change with apprehension, it should be noted that many have already taken the first step towards offering medicines management services by providing diagnostic (health screening) testing.

If pharmacists providing these health screening services can produce evidence of a public health benefit, then it will send a clear signal to the powers-that-be that pharmacists are key members of the primary care health team.

At this year's Vantage Conference, Steve Dunn, AAH Pharmaceuticals' managing director, backed the provision of added-value services from

pharmacies. The Government is pushing healthcare delivery out into the community and forcing pharmacists to become healthcare providers, he says.

Consequently, this will nudge a more patient-responsible pharmacy profession into the front line.

The combination of a growth in prescription numbers and a fall in percentage gross profits on dispensing means the current remuneration system is not working.

This will force pharmacists to address the current situation before the Government starts to impose its

Vantage goes on Health Watch



Dr Mandeep Mudhar (left), AAH Pharmaceuticals' marketing manager, acknowledges that pharmacists may be unwilling to become involved in medicines management because of workloads, but he warns that change is coming and the profession must be prepared for it.

"Waiting for the Government to stomp up the cash is not the way forward. Large sums are not going to flow from the Government now or in the future, and what is forthcoming will go to those who can prove their commitment."

To this end, Vantage announced in April that it would be launching a comprehensive patient care scheme centering on medicines management.

Piloted initially by 25 pharmacies, Vantage Health Watch will offer patients a range of services including blood pressure monitoring; smoking cessation; monitoring and implementing

appropriate prescribing; diabetes awareness and risk assessment; warfarin screening and coronary heart disease prevention.

Pharmacists are almost a screening service for GPs already. They are the most accessible information source for patients, and the concept of health screening fits with where the profession is heading. It is also the first step to providing a medicines management service because the principles are the same, he says.

Offering diagnostic testing now he adds, will help pharmacists to prepare for future plans and will change public

"Change is coming and the profession must be prepared for it"

No time to waste...

... as both multiples and independents are already providing diagnostic testing services, as Gary Paragpuri discovers

Moss Pharmacy

Diagnostic testing through community pharmacies must not be done in isolation.

"If you do, then who do you refer the patient to?" asks Elaine Hartley, Moss Pharmacy's professional services executive.

Pharmacists must talk to key stakeholders such as GPs, nurses and local patient and carer groups, she says.

Accessibility is also a key factor, she adds, as is the link with medicines

management services. Linking diagnostic testing with medicines management and the management of chronic disease adds value to healthcare.

"However, it is important that the tests offered encourage patient empowerment as this will enable patients to take responsibility for their own health."

But before embarking on these services, pharmacists must assess their competency and get the appropriate training. Only then can they plan and deliver the service. An ongoing review

of the service is essential.

If possible, it is important to get prior hands-on experience. This can be achieved through work shadowing or peer support. The skills and expertise are there and need to be tapped into, says Ms Hartley.

In affluent areas, patients may be more willing to pay for diagnostic testing and GPs may refer patients to the pharmacy for testing.

In Sheffield, the local GP is referring

patients to Moss Pharmacy's Manor Park branch to have their BP and cholesterol measured.

"The Sheffield PCTs had certain targets to reach with regard to

coronary heart disease," says branch manager Francois Joubert.

"We saw a gap in reaching the targets and got in contact with the PCTs."

Pharmacists should not be afraid to approach their PCT. In Mr Joubert's case, he describes the PCT as very

"If possible, it is important to get prior hands-on experience"

Continued on page 28 ►

own solution.

Mr Dunn believes that pharmacy needs to demonstrate that it can add value with its services.

"Until pharmacists can do this, the Government will consider them a necessary evil, rather than an integral part of healthcare."

However, despite the doom and gloom, Mr Dunn believes there are ways forward that will demonstrate that pharmacy can add value to healthcare, in particular medicines management services.

perceptions of the pharmacist's role. For pharmacists considering getting involved in providing these services, the approach is to offer a range of services as most wholesalers have a package available.

The most important step however, is to liaise with local GPs. Obviously, for commercial reasons he says, you do not want to upset them. They may have a misconception that their workload will increase.

But it is important to explain that you are not diagnosing – only giving a lifestyle indicator.

"Make a presentation to the GP practice. Show that you are working to professional standards and national guidelines, and that you will be offering advice to consumers."

Before beginning the service the pharmacy must have a private consultation area, ideally a separate room. This can be small, but it must have tables and chairs to make the patient feel comfortable, says Dr Mudhar.

Other factors to consider include indemnity insurance,

hepatitis B vaccination for those providing the services, waste disposal, access to washing facilities, suitable equipment for carrying out the tests and details explaining how much the service will cost consumers.

Generally, £20 is viewed as a reasonable figure that consumers will pay for a professional service. However, "consumers must be seen to be getting value for money", says Dr Mudhar.

Consumers believe they can get these tests free on the NHS, so added value in the form of counselling from the pharmacists must be used to sell the service.

Marketing the service to the local community is also important. A good relationship with local GPs may result in referrals from them, says Dr Mudhar, but active promotion is essential. Posters with menus of health screening services and prices should be used to provide information to patients. Local media attention on the lines of an 'MOT test' could also be used.



Moss Pharmacy cont.

forward, and willing to work towards developing services for the local population. The local GPs were also involved from the start. "I went to visit them and asked what gaps we could fill to complement their service," he says.

"They were very approachable and not afraid of an increase in workload because we are, in fact, taking the workload off them."

In the service, funded by the PCT, patients aged up to 70 who have been diagnosed with hypertension and have had no cholesterol test in the past three years are referred to Moss Pharmacy for BP and cholesterol screening.

"It has been running for about a month and we have had about 40 patients referred," says Mr Joubert.

Each appointment takes around 30

minutes, so patients have to pre-book. The service is carried out in a private area which can be shut off completely from the rest of the shop.

Patients are also offered advice on a healthy lifestyle and on stopping smoking.

In South Africa, where Mr Joubert comes from, diagnostic screening is widespread in the community. "It is common practice and people are prepared to pay for it there."

He describes the link between diagnostic testing and medicines management as "the future of pharmacy", and says that providing the service is "very professionally rewarding and something different to checking prescriptions".

"Pharmacists should get involved. It improves the profession's image and your clinical knowledge."

Ringwood Pharmacy

Community pharmacy is more than just dispensing, says Numark member Ranjit Mann.

Pharmacists need to take on additional roles such as diagnostic testing because, if dispensing fees fall further, some pharmacies may no longer be viable.

He has been providing diagnostic services at his pharmacy in Coventry for 18 months. A 'health express check', which includes screening for cholesterol, glucose, BMI, and lifestyle indicators, costs £14.99 and is carried out in a separate consulting room. He admits that the low price does not generate a huge profit, but says it is more about providing a service than the profits.

About three to four tests are done each week and, so far, he has referred two borderline diabetics and one hypertensive to their GP.

Mr Mann undertook training for the diagnostic testing at Numark's head office and has recently completed a post-graduate diploma in clinical pharmacy at Aston University. With medicines management looming on the horizon, he believes it is important to keep up to date with clinical knowledge. So far he has not received any funding from his PCT. This may change however, as his pharmacy received accreditation last December. This means it will be considered as a possible site for any pilots in the area.

To achieve accreditation, certain criteria had to be fulfilled, including the pharmacy having a professional appearance and a consulting room, and he had to complete training courses on the care of the elderly and childhood illnesses.



Diagnostic testing improves the profession's image and puts the pharmacist's clinical knowledge to good use

"Three to four tests are done each week"

Neyland Pharmacy

A healthy-lifestyle clinic, run by pharmacist Jon David at his pharmacy in Pembrokeshire, has proved so successful that the format may be rolled out to a further 40 pilot sites across two or three health groups in Wales.

A review of the clinic by Dr Sarah Hiom, All Wales Specialist Pharmacist R+D, Cardiff, says it "produced significant health benefits for patients within three months of the first consultation, including weight loss and improved blood cholesterol."

"The model could be adopted in any community pharmacy, offering significant health gains at a national level," she concludes.

Dyfed-Powys Health Authority initially set

up the service, which includes screening for cholesterol, BP, BMI and also lifestyle advice, as a pilot in 1999 with £10,000 of funding.

"I passionately believe this service can be rolled out," says Mr David.

There is an awful lot of scope and pharmacists should be pushing it more pro-actively, or other professions, such as nursing, may take over, he says.

As a profession, pharmacy needs to be aware of others providing lifestyle clinics, for example, sports centres. "There is a danger of untrained people doing it, and so our profession needs to be more pro-active or we will miss the boat", he adds.

Chris Martin, chairman of Pembrokeshire Local Health Group and a community pharmacist, helped with the presentation that convinced the health authority to set up the pilot.

"I am thrilled with the success. It shows how much community pharmacy is under-utilised and under-valued, and demonstrates what can be done with suitable funding," says Mr Martin.

Several local newspapers have picked up on the success of Mr David's service. They have highlighted one particular diabetic patient who has managed to reduce his waist measurement from around 60 inches to 40 inches.

Lloydspharmacy



Lloydspharmacy directors practising what they preach. Seated is managing director Mike Ward undergoing a healthy heart check at the pharmacy chain's head office in Coventry

All primary care trusts will have to offer a medicines management service in the future, and as this may not necessarily involve community pharmacies, the profession must act now to pre-empt PCTs looking elsewhere, says Chris Frost, Lloydspharmacy's head of professional services and development.

"The gauntlet has been thrown down to pharmacy," he says.

To pharmacists considering setting up diagnostic testing, Mr Frost says: "Start simple."

Rather than follow the herd, study your local market and find out what is the local PCT health agenda, he says.

Concentrate on a core number of tests and market them.

Do a core number well rather than a larger range not so well.

However, he says there is a huge problem in persuading people to go to community pharmacies and pay for the tests. It is a massive hurdle.

Price is also an important consideration. Blood pressure testing at Lloydspharmacy is £2.50, cheaper than a pack of cigarettes, but in some areas customers will not pay.

However, if testing results in people bringing in more prescriptions, then Mr Frost suggests reducing the price charged.

"Use it as a loss leader to drive business," he suggests.

Another problem with the tests is the amount of time involved. Although the physical nature of some tests means that healthcare assistants can be trained to perform them and the pharmacist would be available to offer the advice, he says.

For the future, Lloydspharmacy will place a greater emphasis on the pharmacy side of the business. Every store refit now includes a consultation

area and, five years from now, he expects the majority of stores will have such areas, giving them beacon status.

Throughout July, Lloydspharmacy has been offering a free BP monitoring service to its customers in each of its 260 beacon stores. Mr Frost anticipates about 50 customers per store will take up the offer.

Lee Doherty, pharmacy manager at Lloydspharmacy in Sandy, Bedfordshire, has been offering diagnostic testing for two years.

"It is a refreshing change from dispensing and makes customers aware of the added services pharmacists can provide," he says.

He provides a healthy heart check (£20), cholesterol test (£10), and BP

measurement (£2.50).

The majority of patients are willing to pay, he says, and many patients do not want their GP to know. They may have found out that a family member has coronary heart disease and they have the test for reassurance.

Before beginning however, it is important to have a comprehensive standard operating procedure in place, as it "ensures no conflict of interest and prevents you from cutting corners", he says.

Keeping the local GPs informed is also a key factor.

Initially, some of the doctors thought it would increase their workload. There was a fear that patients would demand statins or further testing. However, Mr Doherty and his staff talked through the tests with them and they are now on board.

In fact one of the GPs is hoping to involve us in a coronary heart trial, but it depends on funding, he adds.

St Johns Pharmacy

Dipin Shah wanted his pharmacy to have a greater focus on healthcare and a diversification away from traditional lines.

"I wanted to make our pharmacy different from others," he says.

As a result, his Weymouth pharmacy now offers a range of diagnostic services, including screening for allergies, osteoporosis, cholesterol, high blood pressure, and *H Pylori*. As well as these services, there are four dedicated rooms offering a toning table service and a beauty studio.

Mr Shah has undertaken CPPE training in hypertension and diabetes, and has been on training days organised by AAH and his health authority. The latter, which he says has been very approachable, also funds some of the diagnostic testing.

Currently he performs about two to three health authority funded tests per week, and the same number of patient paid ones.

"People are generally happy to pay," he says. Prices range from £2 for a BP reading to £25 for a heart health check. However, he says it is a struggle to gain recognition from the health authority and to make diagnostic testing more accessible through community pharmacies, as opposed to secondary care. GPs do refer some patients, but only if the service is NHS funded.

Mr Shah believes the link between diagnostic testing and medicines management services is crucial. For example, he says that one of the core roles for pharmacists in the future could involve measuring a patients BP and initiating treatment, if needed, in simple cases.

"Prices range from £2 for a BP reading to £25 for a heart health check"

Remote testing is another possible scenario. "Patients could self test at home and upload results onto a fileserver. Pharmacists could download the results and then either e-mail a possible dose change to the patient, or call them in for a review."

Despite these scenarios boding well for the future, Mr Shah warns that, as a result of the lack of investment by the NHS, young entrepreneurial pharmacists may look elsewhere.



Continued on page 30 ►

Industry viewpoint

Patrick Kirby, managing director of Wellbeing Screening, offers his views on diagnostic screening in pharmacy

The rate of development of new diagnostic technology has led to a large increase in the range of products that could well find their way into the pharmacy sector.

However, it should be remembered that in order for any diagnostic screening test to become established as a pharmacy product, several issues have to be addressed.

Firstly, the technology used has to produce outcomes that compare directly with routine analytical techniques employed within the pathology laboratories. Unless there is a high degree of direct comparison, GPs will be reluctant to accept the outcome of the test, whether carried out by the pharmacist or at home by the customer.

Secondly, consumer health awareness has to drive a demand for the products. However, such campaigns do, in effect, produce a dilemma for GPs. They may believe that greater awareness could create additional workload at a time when many GPs are already overstretched. As a result, consumers may receive an unsympathetic response when they try to request more complex laboratory procedures and costly interventions from their doctors. Against this backdrop, pharmacists can fill the vacuum by offering advice, services and products in support of the local GP and health services, rather than being seen as a threat.

Thirdly, it should be recognised that the needs of consumers and the rationale for purchasing a diagnostic screening test from a pharmacist varies widely. Factors such as convenience, confidentiality and immediacy should not be underestimated.

Also, the role of health awareness campaigns, be they national- or local-led, can have a direct impact on the factors outlined above. Although the impact of a campaign may prove transient, it can still help to ignite consumer awareness and raise concerns.

The outcome of a health screening has to be seen in the broadest context, and will be interpreted by consumers in differing ways. It could be met with relief, used as reassurance, or be the key to prompting that long-delayed visit to the doctor. It could simply be a catalyst to a lifestyle change – to a more responsible approach to their health and welfare.

“The rationale for purchasing a diagnostic screening test varies widely”

Recent health screening tests, such as food intolerance assessment and genotype screening, aimed at assessing predisposition to certain cancers, continue to push back the boundaries of this emerging category. However, some of these tests will require a great deal more support and counselling than is currently the case.

In reality, the advice sought by consumers may not be available from their GP; as the growth in alternative medicine has already shown, traditional

expertise has its limitations.

So retailers, manufacturers and suppliers, need to carry an extra responsibility to support the product professionally, to ensure they do not alienate the medical profession.

Groups like the Men's Health Forum, Health Equality and Doctor Patient Partnership are investing far more in awareness campaigns in order to create greater understanding.

Also, consumers and healthcare professionals are very familiar with the work of Family Planning Associations and other highly focussed lobby groups and charities working on awareness of specific topics. These groups have in the past often concentrated on the management of the disease, rather than prevention and screening.

These events are planned and promoted well in advance, involving radio, television and newspapers (both national and local titles). Local news media especially are often more than happy to list actions and initiatives involving local pharmacists, particularly during major national campaigns.

Diagnostic screening needs to be targeted effectively. Increasingly, pharmacists have to research and understand their local demographics. Do they encompass nursing homes, where opportunities may exist to promote the services of the pharmacist? What services or clinics are offered by local GP practices? How do the local PCT strategies fit with the pharmacist plans? Traditional in-store displays linked to national awareness activities should not be ignored, but must be refreshed regularly to retain the interest of consumers.

If diagnostics/screening is to offer the collective benefits envisaged, then seamless prescribing (in particular pharmacist prescribing) must form part of the wider strategic development.

Pharmacists and suppliers also have to co-operate in order to improve the nature of information, its dissemination and in-store accessibility by consumers.

In effect, information has to meet two objectives.

Firstly, information for consumers must be offered in a style and tone that is informative rather than alarmist or overly technical.

Secondly, technical information must allow pharmacy staff to deliver sound advice relating to certain disease states, the test itself, and to possible outcomes, as well as assisting in communications with local GPs. ☺

Who is going to pay?

Several issues surrounding implementation have to be fully addressed. Are pharmacies willing to step forward and participate in reshaping primary healthcare delivery? How will GPs be persuaded to participate in these changes? And who is going to pay?

Traditionally, remuneration has been derived from profit margins arising from RPM and from fees paid centrally by the DoH. Consumers will not adopt in-store diagnostic/screening if they feel exploited. It must be noted that consumers feel they can get the equivalent tests done for free, via their GP.

The development and availability of diagnostic technology, linked to a growing consumer appetite for health and lifestyle products, has opened up this category.

The availability of health information via specialist publications, newspapers and the internet will ensure that high profile issues will continue to be covered. Fears regarding food quality and safety, allergies, environmental concerns and the recognition that the NHS can no longer provide limitless womb-to-tomb care will help drive this sector.

Consumers it seems, are becoming increasingly prepared to pay for certain types of service and products.

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The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published. All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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Appointments

Moss Pharmacy has appointed a new non-executive director.

David Williams has held a number of senior roles within the retail and hospitality sectors, including being main board director at Thorn plc and chief executive of Groupe Chez Gerard plc. He is also a non-executive director of Eldridge Pope plc. Moss managing director Steve Duncan has welcomed David's appointment and commented: "As supermarkets and other retailers try to encroach on the healthcare sector, so we need to continue developing our retail expertise outside previous parameters.



David Williams



Sarah Lewis

David's expertise will help us do that."

Gillian Arr-Jones and **Hazel Somerville** have been jointly appointed to the post of senior professional adviser pharmacist at the National Care Standards Commission. Gillian will take the lead on acute areas and Hazel will be responsible for continuing care. Nucare has appointed **Marlaine Johnson**

as its new merchandiser. Marlaine will be responsible for merchandising in approximately 40 Nucare stores in the North London and Essex area, and will be involved in implementing the Nucare Retail Support Programme. Her previous experience

includes in-store presentation of Revlon Products and Eveready Batteries while living in Australia.

Sarah Lewis is the new customer services administrator at the Phoenix depot in Cardiff. Prior to this, customers serviced out of the Cardiff depot were looked after by the customer services department at Wrexham.

Walkies!

The fitness kick continues with groups aplenty marching over England's green and pleasant land.

Following the advance coverage of the United Co-op's Three Peaks Challenge (*C&D* June 29 p34), the victors turned out not to be the pharmacy team, but the Sants group which took top spot with 11 minutes to spare.

After 25 miles, three big bumps and nine hours of trudging, the pharmacy team could still smile.

Captain Lindsey Fairbrother commented: "It was a brilliant day and a fantastic achievement for the pharmacy team, which is based in Congleton. Of the 48 people who took part, just two dropped out and every team came in under 12 hours."

The event raised £5,000 for the Co-operative Society's Hospices Appeal. Other teams participating



Pictured having climbed Pen-y-Ghent, Whernside and Ingleborough, are the triumphant Sants team: Geoff Robinson, Grant Sharman, David Picking, Rob Goodwin, Maxine Colduck and Eugene Quinn

were two from the food department, food IT, the West Midlands Co-op, travel and the funeral group.

Meanwhile, 300 people turned up to support the 'Walk for Wellbeing' at Wollaton Park, Nottingham. This was the charity's first ever walk sponsored by Boots.

An estimated £15,000 was

raised on the day which will go towards funding research projects into ovarian cancer, premature births and endometriosis.

And Lloydspharmacy head office staff in Coventry took part in their own local 'Walk in the Park' to raise funds for Diabetes UK. A five-mile stroll at Draycote Water, near Rugby, was one of 38 walks going on across the country.

Still no stopping pharmacy's action man

Retired pharmacist John Dreelin has kept his name in the record books for another year.

Earlier this month, the nimble 78-year-old ran with the bulls in Pamplona for his 32nd consecutive year, and maintained his claim to be the oldest ever runner.

Although he took part in only two of the eight runs, he did run with the most feared of the bulls – the 'Miuras', which have a reputation for being dangerous and fierce.

"I ran about half the distance and then stepped aside when they got too close," said John.

Although only just back from the festival, he is already looking forward to his 36th trip to this year's Munich Oktoberfest.



You may be aware that wholesaler Mawdsleys sponsors local rugby league side Salford City Reds. For those who follow union though, you may not be aware that the Reds are members of the Super League and include Great Britain internationals Alan Hunte and Neil Baxter. Ties are maintained between the wholesalers and the rugby team, including visits. Mawdsleys' hospital co-ordinator Monica Lockwood is pictured surrounded by Salford City Reds players (from left) Lee Marsh, Stuart Littler, Francis Maione and Warren Jowett

Are these the bear necessities?

When you read this snippet from the *Daily Record*, just think to yourself 'why?'.

We tried very hard, but couldn't.

The story runs: "Two thieves wearing suit jackets, ties and white shorts smashed a window of an Aberdeen chemist shop and stole a teddy bear dressed in a Brazilian football strip."

Compare and contrast

This month's Government announcement relating to changes in its drugs policy included this intriguing comment:

"It is widely recognised by enforcement agencies that there is a lack of coherent action to tackle the marketing of drugs at 'middle market' level – UK drug wholesalers. A project in the West Midlands has recently been established to analyse the key dynamics of dealing at regional or middle market level, and to develop strategies and best practice for disrupting supply between importation and supply at street level."

Will the British Association of Pharmaceutical Wholesalers be looking for a new group of members, we wonder? Or is the 'West Midlands project' actually a scheme to bring parallel imports to an end?

Whatever, it is interesting to have the murky world of the drugs trade referred to in terms that could apply to the quite legitimate world of wholesaling.

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Uses: Short-term treatment and control of patches of eczema and dermatitis including atopic eczema and primary irritant and allergic dermatitis

Dosage and administration: Adults and children, aged 12 years and over Apply sparingly to the affected area twice a day for up to 7 days. If the condition improves within 7 days stop treatment. If condition does not improve in the first 7 days or becomes worse, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should be advised to consult a doctor. To be used in children under 12 years only on the advice of a doctor.

Contraindications: Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g. candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris.

Precautions: Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of eczema or dermatitis as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic eczema. Consumers should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis.

Pregnancy and lactation: Use only on the advice of a doctor.

Side effects: Hypersensitivity. Exacerbation of symptoms.

Legal category: P

Product licence number: 10949/0346

Product licence holder: GlaxoSmithKline Consumer Healthcare,

Brentford, TW8 9GS

Further information available on request from: Medical and Consumer Affairs,

GlaxoSmithKline Consumer Healthcare,

Wallis House, Great West Road,

Brentford, Middlesex, TW8 9BD

Package quantity and RSP: 15 g tube

– £5.49

Date of preparation: August 2001

Eumovate is a registered trademark of the GlaxoSmithKline

Group of Companies

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References:

1. Munro DD, Wilson L. Br Med J

1975; 3: 626-8

2. Parneix-Spake A, Goustas P,

Green R. J Dermatol Treat [In press]

SKIN RAGE?



Before it gets to this, get to them

Skin Flare-Up due to eczema and dermatitis, characterised by itchy, red, dry and inflamed skin, can be extremely aggravating. Eumovate Eczema & Dermatitis Cream, available without prescription, acts early and helps break the Itch-Scratch Cycle, before it gets out of control.

No other over-the-counter medicine clears Skin Flare-Up more effectively than Eumovate Eczema & Dermatitis Cream.^{1,2}

for Skin Flare-Up

 **eumovate**[®]
eczema & dermatitis cream
clobetasone butyrate 0.05%

over to you

OVER THE COUNTER

OTC

JULY 2002



● Practising safe sun ● Travel medicine ● Getting fresh

Ultima

Hold-ups

Helping to prevent Deep Vein Thrombosis (DVT), Varicose Veins and tired, aching legs

More people than you might think are at risk from developing a DVT. For example those whose occupation involves long periods standing or sitting; people travelling on long-haul flights¹; and pregnant women (around 1 in 1000 pregnant women and 2 in 1000 women post-natally will suffer a DVT²; and 15%-20% will develop varicose veins³).

That's why Scholl, the leading name in compression hosiery, has developed NEW Scholl Ultima Hold-ups.

The benefits for your customers...

- Class I compression can relieve tired, aching legs and swollen ankles
- Can help prevent the development of DVT and varicose veins
- Recommended for long-haul fliers at risk from developing DVT¹
- Class I compression is recommended by the Department of Health for the prevention of varicose veins during pregnancy⁴

... and for you

- All expectant mothers are entitled to free compression hosiery on prescription throughout the term of their pregnancy and for up to 12 months after giving birth
- Scholl Ultima Hold-ups can be dispensed against generic Class I thigh length prescriptions
- POR 40%
- A comprehensive set of point of sale materials

For more information, call **01565 625174** or return the coupon to: Ultima Hold-ups, SSL International, FREEPOST OL321, Tubiton House, Oldham OL1 3BR.

Now on FP10



THE LEADING NAME IN COMPRESSION HOSIERY

I would like further information about Scholl Ultima Hold-ups and how they can help prevent DVT and a set of point of sale materials.

Name

Practice Address

Postcode

Tel No:

References

1. The predisposing factors to DVT as identified by the House of Lords Select Committee on Science and Technology, 5th Report on Air Travel and Health 2001.
2. Letsky EA Thromboembolism during pregnancy. In: Coagulation problems in pregnancy. Current reviews in obstetrics and gynaecology. London: Churchill Livingstone, 1985: 29-61.
3. Nabatoff RA (1960). Varicose veins in pregnancy. *Jnl Am Med Assoc* 174, 1712-16.
4. The Drug Tariff, March 2002.

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SSL International pl

SUPPLEMENT TO



July 28, 2002

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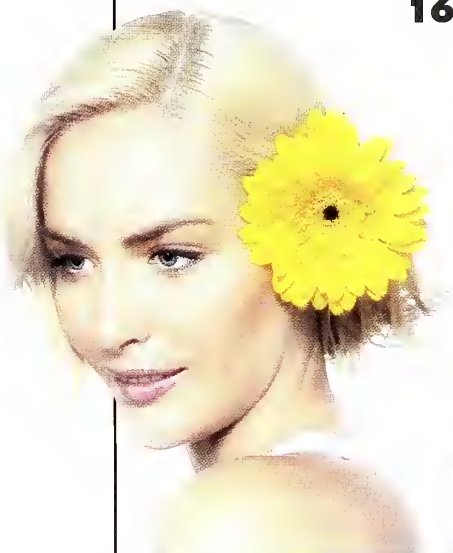
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News



It's good to see the companies we deal with daily in the pharmacy getting some wider recognition, thanks to the new pharmaceutical awards run by the health magazine *Zest*.

This was the first year for the awards, in which visitors to the magazine's website voted for their favourite product in each of five categories.

There seem to be plenty of accolades and awards for beauty products, so it is good to see OTC medicines getting a look in.

Zest's awards were such a success that they will be back next year, when they will be even bigger and, in the meantime, you can see if you agree with the readers' choice in our story on page 5.

On the same page there's the chance for one lucky reader and a friend to look down on the world from the Elastoplast balloon. So, if you fancy getting up, up and away at one of two very special events this summer, please drop us a postcard.

There's something of a holiday mood about this issue, with features on travel, staying safe in the sun and keeping cool. If you, too, are off on your travels you'll need to slop on the sunscreen, so take a look at our Freebie on page 35 for your chance to win a set of sun products from Banta.

Lesley Keen

Supplement Co-Ordinator

Sex education on CD-ROM

Durex has launched a new initiative to support teachers in the fight against sexually transmitted infections and teenage pregnancy.

The ten-module sex education CD-Rom has been produced to support the Government's National Strategy on Sexual Health and HIV and is available free to schools.

Aimed mainly at pupils aged 14-16, it incorporates lesson plans, role-playing

exercises and debates with information bulletins on subjects such as condoms, HIV/AIDS and sexual health organisations.

Durex marketing manager Amanda Tucker said: "We have to acknowledge that teenagers are going to have sex and it's vital they understand the importance of using a condom. They also need to know that practising safer sex doesn't mean having less fun."



Two more Cambridge Counterpart monthly winners!

Lilla Ginda, of Lyng Chemist in West Bramwich (above) won the Cambridge Counterpart monthly draw in May. She is pictured receiving her bottle of bubbly from territory manager Eddie Mitchell, from course sponsor Wyeth Consumer Healthcare. Also in the picture is supervising pharmacist Rishan Jayaseelan. Lilla is a gap year student who is off to Manchester University in the autumn to study English language.

The June winner was Gloria Stocks, of the Pelican Pharmacy in Altrincham. She received her champagne from Wyeth territory manager Ken Grigg and regional manager Dave Petrie. Unfortunately, the pictures did not come out well enough for Gloria to appear in glorious technicolour in OTC!

Powerclean winners

We had a superb response to the Freebie in the last issue, with many of you wanting to keep your pearly whites gleaming with a free Aquafresh Powerclean Whitening brush from GlaxoSmithKline Consumer Healthcare! The following readers will soon be receiving their free brush:

Maureen MacColl from Glasgow; Beatrice Teo from Sheffield; Judy Porter from Scarborough; Sherbanu Nasser from London; Mrs C Boylan from Derby; Suzanne Margerison from Warrington; Mrs B Stephens, from Manchester; Anisa Munchi

from Blackburn; Angie Morgan, from Colwyn Bay; Mrs B Peto from Somerset; Kelly Williams from Margate; Mrs K Mulligan from Southport; Steve Hibbert from Luton; Paul Silver from London; Jennifer Matkin from Belper; Ruth Harrison from Morecambe; Ann Bond from Maidenhead; Elsie Hogan-Eden from Liverpool; Ann Gates from Hereford; E. Cromer from Newbury; Mrs CP Horton from Loughborough; Annie J Turner, from Wolverhampton; Lyn Borrow from Harrow Weald; Mrs K Shah, from Wembley; Martin Kingsnorth, from Ashford, Kent.



Renata Cares

Mrs Renata Bayle, an assistant at Shelf Pharmacy at Carr House Raad, Shelf, Halifax, has won the second stage of the Care Pharmacy Assistant of 2002 competition organised by Tharnton & Rass.

She was presented with her prize — a leather briefcase — by David Dunn, of Tharnton & Rass.

The second stage of the competition was based on answering correctly ten questions about pain management in the pharmacy.

Counterpart correction

The revised Cambridge Counterpart course contains an error in Module Two.

The last sentence in the section on migraine treatment is incorrect. It reads:

'Isometheptene, another antihistamine, constricts dilated blood vessels.' The correct version is: 'Isometheptene is a sympathomimetic that constricts dilated blood vessels.'

All modules ordered from now on will contain the correct version.

Chance to fly high with Elastoplast

Elastoplast, the branded leader in the first aid dressings market, is continuing to invest in hot air ballooning as part of its marketing campaign and now one lucky OTC reader and a friend have the chance to win a flight in the eye-catching balloon this summer.

The bright yellow balloon, which depicts a rock climber, a mountainbiker and a skateboarder, is flying at major festivals and shows across the UK this summer.

Now Flying Pictures, the company which flies the Elastoplast balloon, is offering one reader and a friend the chance to fly in the Elastoplast balloon, with travel expenses of up to £100. The winner can choose to take their flight at the Northampton Balloon Fiesta on August 16-18 or the Balloons and Bantleys Meeting at Leeds Castle in Kent on September 6-8.

All you have to do is answer one simple question and send it with your name, address, daytime contact number and the name of the meeting you would like to attend. Entries should be sent to: OTC/Balloon Competition, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW to reach us by the closing date of August 9.

Question: What colour is the Elastoplast balloon?



Nicola Waters (centre), celebrated her Lottery win with Julie Harley, Beryl Griffiths, Carol Jones, Ann Platt, Kim Turner, and Tracey Smith at a champagne reception at Crewe Hall

A Zest for pharmacy

Zest, the health and beauty magazine, has recognised the contribution made by the pharmaceutical industry to the health and wellbeing of women in the UK with its first Zest Pharmaceutical Awards.

The magazine drew up a shortlist of three products in each of five categories and visitors to the magazine's website voted for their favourites.

Editor Alison Pylkkanen said: "Zest is often commended by the pharmaceutical industry for its no-nonsense comment and advice and, because the industry has progressed beyond all expectation in the past few years, we thought it was high time the top OTC products were recognised and celebrated."

Winners for the best use of the web were Johnson & Johnson for www.jnjmsd.co.uk, with Bayer's Canesten site and Pharmacia's Nicorette site as runners-up.

Boots Alternatives won the best design and packaging award, with Nurofen and Compeed Plasters as runners-up.

The best consumer marketing campaign award went to Roche for Berocca, and runners-up were GSK's Zovirax and Johnson & Johnson's Dakarin campaigns.

Beiersdorf's Elastoplast Scar Reduction Patches won the best innovation award, beating SSL's Scholl Flight Socks and SCA Hygiene's Bodyform Micro Pantyliner.

The best product for women was Diflucan from Pfizer, ahead of Schering's Levonelle 2 and Robinson Healthcare's Femme Ease.

Zest's publishing director Justine Southall said the fantastic response from readers and the industry meant plans for next year's awards were already in place.

"Given the success of this year's event, it can only get bigger," she said.

Lucky seven co-operate for £2.4m

The women in a seven strong syndicate from the Co-op Pharmacy, Audley, Staffs, are taking a fresh look at life after winning £2,406,221 in the National Lottery jackpot.

The £343,000 shareout will help provide pharmacist manager and syndicate co-ordinator Nicola Waters with something extra special when she gets married next April.

Customers have all been delighted for the winners.

"It's a small community and they all knew before the newspapers did," said Nicola. The syndicate has played the Lottery since launch and, at the moment, all plan to continue working, though there is talk about reducing their hours. As manager, Nicola says this is unlikely for her, but Beryl Griffith, who at 61 is the oldest member of the group, has worked at the pharmacy for 45 years, and surely deserves to put her feet up!



SOLVE EACH CASE WITH BENADRYL®



BENADRYL ALLERGY RELIEF Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage (12 - 65 years): One capsule up to 3 times a day. Contra-indications: Hypersensitivity to acrivastine or triprolidine or significant renal impairment. Precautions: It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Pregnancy & Lactation: Not recommended. Side effects: Rarely, drowsiness. Price: 12s £ 4.35 (£3.70 ex-VAT), 24s £7.55 (£6.43 ex-VAT). Legal category: P. PL Holder: Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZD. PL no: 15513/0035 Date of preparation: April 01.

BENADRYL PLUS CAPSULES Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: 12 - 65 years: One capsule as necessary, up to three times a day. Contra-indications: Hypersensitivity to any of the ingredients or triprolidine; hypertension, renal impairment or severe heart disease, use with MAO inhibitors. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Pregnancy & Lactation: Not recommended.



Cetirizine

CASE #1

For fast, effective relief that lasts all day, no 'One a Day' tablet works harder than our new recruit - Benadryl One a Day.

14s Available Pharmacy only.

7s Available on self selection. (GSL)



Acrivastine

CASE #2

If you're looking for allergy relief that's active in just 15 minutes we've cracked it with Benadryl - no non-drowsy allergy tablet works as fast.

Available Pharmacy only.



Acrivastine & Pseudoephedrine

CASE #3

When evidence points to a blocked nose (53% of hayfever sufferers experience this) give them Benadryl Plus, the only non-drowsy allergy treatment with added decongestant.

Available Pharmacy only.

DON'T LET THEM GET AWAY WITH IT

www.allergyadvice.co.uk



Vitamins under attack

Vitamins have had a rough ride this month, with their availability at higher doses possibly threatened by EU legislation, and their efficacy questioned by researchers at Oxford University.

There was an angry response to the EU Food Supplements Directive which aims to standardise regulation on food supplements across Europe by setting maximum permitted levels for nutrient content.

The organisation Consumers for Health Choice believes maximum permitted levels are likely to be set nearer to those currently used in France and Germany than the higher levels in the UK. This means, says the CHC, that the directive could wipe hundreds of the most popular higher dose vitamins and minerals off the shelves.

In addition, says the CHC, only nutrients on the 'permitted' list in the directive will be allowed to be sold – and more than 300 nutrients and nutrient sources which have been on sale in the UK for more than 50 years are missing from the current list.

A number of manufacturers

also responded angrily to the widespread publicity given to the Oxford research, which led to headlines announcing that vitamin pills were a waste of money. The five-year study followed patients who were given daily supplements of vitamin C, E and beta-carotene.

Ironically, the last few months have seen reports of a number of studies which have been positive for vitamin and mineral supplements.

Among the more recent headlines which came up on a search of the BBC Health website were:

- Vitamin D 'reduces heart risk'
- Vitamin boost for transplant patients
- Vitamins could help beat cataracts
- Vitamins in beer plan considered
- Vitamin E could halt Alzheimer's
- Vitamin D 'reduces risk of diabetes'
- Vitamin gene 'may fight breast cancer'
- Food supplements 'help problem children'
- Diet supplements could boost IQ



GSK is recognised for four of the best

Four GlaxoSmithKline advertising campaigns were winners at the Healthcare Advertising Agencies Group (HAAG) awards.

The agency Grey PTK won a silver award for Nytol in the best consumer poster category and bronzes in the best TV campaign category for Hedex and Settlers. The Paling Walters Targis agency won a

silver in the best press campaign section for Zantac 75.

The HAAG awards, which are based on creative merit and judged by industry peers, are designed to stimulate innovation and excellence in healthcare advertising.

The Settlers ad (pictured) was from the GMTV weather sponsorship campaign.

Web Watch

Skin-friendly site

GlaxoSmithKline has launched a new website as part of its support programme for Eumovate Eczema and Dermatitis Cream.

The interactive and user-friendly site is aimed mainly at consumers who suffer from the itchy, red and dry skin associated with eczema and dermatitis. It aims to help people recognise symptoms, identify potential triggers, offer practical advice on treating the problem and break the itch-scratch cycle.

It also directs visitors to the site to the pharmacist or GP for further help.

The site has been welcomed by the National Eczema Society as an additional resource for patients and it includes links to the NES and other useful sites.

The website launch coincides with the brand's first national TV campaign – with a spend of £2.7 million – and a national press campaign worth £300,000. www.skinflare-up.com

Prostate problems?

Yamanouchi Pharma has recently launched a new website providing a range of information on men's health and benign prostatic

hyperplasia (BPH), which is believed to affect more than two million men throughout the UK. www.mhm.tv

Hospital site just for the kids

Great Ormond Street Children's Hospital has set up a child-friendly health advice web site. Aimed at children aged five to 16, it has separate areas for younger children and teens, with virtual hospital tours,

information about illnesses and treatments and a medical dictionary for children. Visitors will also be able to read about other children's experiences and send in their own stories. www.goshkids.nhs.uk

Worming a way on to the web

Ovex threadworm treatment is teaming up with the new Boots Learning Store web site targeting children aged four to 16. Nicola Sunshine, junior brand manager at Johnson & Johnson MSD Consumer Pharmaceuticals, said the new school term usually brings a rise in threadworm cases and

education on the need for good hygiene is key for adults and children. "The Boots Learning Store website provides an authoritative positioning for Ovex and gives us a great opportunity to inform teachers, parents and families about such a potentially awkward subject. www.bootslearningstore.com

Showcase



New from Bioforce is **Echinacea Forte**, a one-a-day Echinacea formula made from fresh organic herb extract.

The company says the new product is ideal for those who prefer the convenience of a tablet.

Presented in a blister pack, Echinacea Forte contains Echinacea purpurea, the species which has the most published research into

its efficacy and the greatest immunostimulant activity.

The tablets are made from fresh herb tinctures using organically grown echinacea and one 750mg tablet is equivalent to 810mg of whole fresh plant. A pack of 40 tablets retails at **£7.99**.

Bioforce (UK) Ltd
Tel: 01294 277344

Imodium – in an Instant

New in the Imodium range are **Imodium Instants**, instant melt tablets for the symptomatic relief of acute diarrhoea. The tablets contain loperamide hydrochloride 2mg and are formulated to melt in the mouth instantly, offering a convenient solution for diarrhoea sufferers. Available only through

pharmacies, Imodium Instants are in packs of six retailing at **£3.75** and as **Imodium Instant Melts** in packs of 12 at **£6.25**. The launch is being supported with a nationwide TV and print advertising campaign. Johnson & Johnson MSD Consumer Pharmaceuticals
Tel: 01494 450778



Femal aims to boost PMS sector

New from Peter Black Healthcare is **Femal**, a natural pre-menstrual supplement.

Femal is designed to help women manage their menstrual cycle and, says the company, is clinically proven to help ease some of the symptoms associated with PMS.

The product contains standardised pollen extracts and vitamin E and should be taken

throughout the month. Two tablets are recommended per day for two full cycles, reducing to one tablet daily.

Femal (30 tablets, **£6.99**) aims to control PMS symptoms rather than trying to change the underlying hormone balance. The product is endorsed by the National Association for Premenstrual Syndrome and the charity's logo is featured on the purple and white pack. Peter Black Healthcare Ltd.
Tel: 01283 228300

Canesten moves into feminine care

Bayer is extending the Canesten brand with a new range of everyday feminine cleansing products.

Canesten Care is being launched with **Feminine Wash** and **Feminine Wipes**, both of which are soap and fragrance free to avoid irritation. The products are gynaecologically tested and contain

moisturising vitamin E.

The wash (200ml, **£4.99**) can be mixed with water in the hand to create a non-foaming cream that cleanses without irritation.

The individually-wrapped wipes (pack of ten, **£2.99**) are alcohol-free and suitable for use during periods, after exercise or when travelling.

Bayer believes the Canesten logo will inspire confidence in the range and the whole area of intimate health and is supporting the launch with a £1 million marketing campaign including an educational and sampling programme for pharmacies. Bayer plc
Tel: 01635 563000



Seven Seas gives us a Boost

New **Seven Seas Boost** is an effervescent energy tablet to help relieve temporary tiredness.

Boost is formulated to dissolve in water to make a fruity effervescent drink. Each tablet contains caffeine, glucose and essential B vitamins to aid energy release. The formula also includes taurine, a free amino acid

important to metabolism. Up to four tablets may be taken each day. Boost retails at **£2.99** for a tube of 10 and **£5.49** for 20.

The company says Boost is aimed at the high-achieving, 'have-it-all' generation who are leading hectic lifestyles. Seven Seas Health Care Ltd
Tel: 01482 375234

Briefs

Smooth sailing

Jahnsen & Jahnsen MSD has given the **Stugeron 15** travel sickness remedy a new look. The blue and white packs feature bright illustrations of a yacht, plane and car and the relaunch is being supported by a summer promotional campaign involving round the world yachtswoman Tracy Edward MBE. A new consumer leaflet on travel sickness will be available to consumers through pharmacies. Johnson & Johnson MSD
Tel: 01494 450778

Best for baby

The **Avent Magic Trainer Cup** has received a Best Buy Award from the Consumers' Association magazine Which? In the May issue of the magazine, parent testers were asked to try a variety of baby products and assess whether they make life easier or safer. The Avent cup received the maximum rating of 5/5. Avent
Tel: 01787 267000

Natural advice

Wassen International is supporting a new health advice service for women keen to balance hormones naturally. **The Natural Menopause Advice Service (NMAS)** has been launched to help women find the information they need and make knowledgeable choices. A new NMAS brochure and fact sheets can be found on the following website. www.nmas.org.uk

Lose the fat, tone the muscles

New from HealthAid is **Bodylean CLA Plus**, a new formula to help reduce body fat and increase muscle tone. **Bodylean CLA Plus** (60 capsules, £29.99) contains conjugated linoleic acid (CLA), which manipulates the way the body stores fat and helps utilise it as energy, regulating and lowering body fat percentages and increasing muscle tone. Other ingredients include L-Carnitine, L-Ornithine and CoQ10



for enhanced metabolism, with chromium and gymnema sylvestre to aid blood sugar regulation. The capsules should be taken in conjunction

with a healthy, balanced diet and regular exercise for maximum benefit. Pharmadass Ltd
Tel: 020 8426 3400

Kids get plastered with Pooh

3M Healthcare has launched a range of children's first aid plasters featuring favourite Disney characters.

Nexcare **Monsters Inc. Disney Protect Strips** are made from a clear, breathable film and offer complete waterproof protection. The Monsters Inc plasters (14, £1.99) are available in a variety of sizes and come with a peel-off frame for

easy application.

The **Winnie the Pooh** plasters (20, £2.49) are in one size and feature a variety of characters.

The launch is being supported by an advertising campaign in *Family Circle* and *Practical Parenting* magazines, plus intensive sampling to mothers with young children.

3M Health Care Ltd.
Tel: 01509 611611

Go green with Bodyform



Bodyform has launched a new lime green pantyliner collection in response to research which revealed that women can find the feminine hygiene sector confusing and uninviting.

The new, vibrant packaging is designed to communicate freshness and cleanliness and make the products easy to identify.

Each product now has a colour band to help the consumer choose the right product for her needs – String liners have a pink band; orange denotes Normal and white is for Classic. The new packaging continues the brand's innovation programme. SCA Hygiene Products Ltd
Tel: 01582 677400

Briefs

Testing time

TCS Biosciences has developed a compact malaria test kit for travellers. The **Rapimal Malaria Kit** (£30.00) is a quick test for the identification of *P.falciparum* malaria which can be life-threatening without rapid diagnosis and treatment. Presented in a plastic box, the kit weighs 150 grams and is available to pharmacies from NoMad Medical. NoMad Medical Ltd
Tel: 020 8365 8698

New for nails

The new **Wilkinson Sword Manicure** range comprises 12 everyday items made with top quality steel. Prices range from £2.49 to £11.99. Wilkinson Sword Ltd
Tel: 01494 533300

Germolene splashes out

New in the Germolene range is **Germolene Antiseptic First Aid Wash**, an antiseptic wash in a liquid spray.

The clear pink liquid (150ml, £2.99) has an anaesthetic and antiseptic action. The antiseptic ingredient helps reduce the likelihood of infection, while the local anaesthetic helps numb pain.

The spray format helps prevent bacteria entering the skin, which could lead to infection.

The launch is being supported by new point of sale material, coupons and a summer radio competition campaign. Laser Healthcare
Tel: 01202 449700

Calming swimmer's ear

GlaxoSmithKline is targeting swimmers with a new consumer campaign and medical marketing programme for **EarCalm Spray** until the end of August.

EarCalm Spray is the first and only OTC treatment for mild external ear infections, which affect nine per cent of the population and to which swimmers are particularly susceptible.

Posters and stickers at leisure centres and gyms will help create awareness of the product and the symptoms among swimmers, divers, parents and instructors and the campaign will cover 75 per cent of UK leisure centres with pools as well as 40 top private health clubs.

There is further support in the Commonwealth Games swimming programme.



Alongside the consumer campaign is a health professional programme, including pharmacy training initiatives, to enhance recognition of the condition and encourage recommendation of **EarCalm Spray** (5ml, £6.38), which is only available from pharmacists. GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700

Making your feet feel good

Foot care specialist Compeed has launched two new products – **Antiperspirant** for feet and **Active Corn Removers**.

The cooling and refreshing Antiperspirant is available as a gel and a spray – it contains lichen extract which is known for its antibacterial and fungus-inhibiting properties.

The gel need only be applied once a day and offers 24-hour

protection, while the spray is ideal for applying directly to shoes or feet. Both have a citrus fragrance and retail at £3.99 each.

Active Corn Removers (£3.99) combine salicylic acid discs with advanced healing technology. This formula provides a fast and effective way of removing corns, and allows the skin to regenerate quickly. Trinity Sales & Marketing
01753 864455



Moody essences

Bioforce (UK) is adding two combination flower essences to the Jan de Vries range.

Mood Essence is formulated to "give support when it is difficult to stay positive" while **Night Essence** aims to promote calm and relaxation at bedtime. Each retail at **£3.99** for 30ml.

The blends are



combined from flower essences prepared from European plants, bushes and trees and include the Bach Flower Essences.

The new additions join seven existing essences in the Jan de Vries range. Bioforce (UK) Ltd. Tel: 01294 277344

Activa wraps it up!

The Activa Healthcare has extended its range of bandages and compression hosiery with two new products.

Acti-Wrap is a cohesive bandage which can be used on hard to reach areas, such as elbows and heels.

It can be applied easily by patients and will not wrinkle or fall down.

Also new is **Acti-Fast**, a soft, tubular retention bandage produced from a mixture of viscose and

polyamide.

It acts as an ideal barrier between skin and the compression hosiery used for leg ulcers and is also ideal for wet wrapping sensitive skin to treat eczema and other dry skin conditions.

Activa has produced a comprehensive health guide:

Understanding and managing dry skin conditions and

eczema, which is free to pharmacists.

Activa Customer Care Line 01283 540957

A New Era for Junior

Seven Seas is supporting the launch of its **New Era Junior** range of homeopathic treatments with advertorial promotions in key family and parenting magazines during the summer and autumn.

The range comprises six products – for minor skin ailments, colicky pain, hayfever and allergic rhinitis, coughs, colds and chestiness, catarrh and sinus disorders and infants' teething pain.

The packaging features bright colours and clear labelling to make it easy for parents to choose the right remedy and the products retail at **£2.39** for 120.

*Smaller pack sizes have been introduced for eight key New Era combination remedies which contain several different single mineral tissue salts to treat common ailments. Seven Seas hopes the convenient new tubs of 180 tablets (**£3.49**) will encourage existing customers to trial different products within the range and to attract new users to homeopathy. The original range of 18 combination remedies (450 tablets) is still available. Seven Seas Health Care Ltd. Tel: 01482 375234

Busting the blisters

GlaxoSmithKline, maker of **Zovirax Cold Sore Cream**, aims to arm pharmacy assistants with all they need for confident recommendation of cold sore treatments.

Phase One of the company's **Blister Buster** training programme sees 5,000 training packs mailed to assistants who have responded to previous mailshots and advertisements.

Assistants who have yet to apply can call the pharmacy helpline on the number below.

Phase Two continues later in the year with further packs distributed via the sales force.

The comprehensive programme includes

cold sore triggers, the cold sore cycle, physical stages, management, treatment, stopping the spread of infection, GP referral and pharmacy support. Assistants who complete a questionnaire to familiarise themselves with the information will also have the

chance to become **Blister Buster** of the Year, to be judged at the end of the year.

Zovirax Cold Sore Cream contains aciclovir, which targets the cold sore at both tingle and blister stage. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700



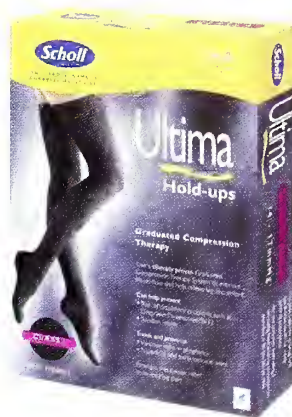
Scholl holds up promise of compression with comfort

New **Scholl Ultima Hold-Ups** offer the benefits of compression hosiery without sacrificing style and comfort.

The stockings, which use Scholl's graduated compression system, are designed to prevent the risks to legs and ankles posed by circulation problems. The company says they are particularly effective during pregnancy, when flying and for women who

spend long periods of time on their feet or sitting down. They can also be used by those with hereditary circulation problems.

Approved by the Aviation Health Institute, **Ultima Hold-Ups** are available in black or natural in three sizes, retailing at **£11.95** per pair. Scholl says it is important to ensure the customer buys the correct size to ensure optimum fit and results.



Measurements should be taken by a healthcare professional. SSL International plc Tel: 0161 654 3000

Briefs

Potter's display

Potter's Herbal Medicines has produced a new counter display unit for pharmacies entering the herbal medicines market. The 'four seasons' unit highlights the top eight selling Potter's herbal products and comes with one case of each of the products and a supply of customer leaflets at **£158.00**. Potter's Herbal Medicines Tel: 01942 405 100

Fresh approach

New Dove HydroCare Body Moisturiser offers a refreshing alternative to richer, heavier moisturisers, with vitamin E and pure spring water. It is formulated to help restore natural moisture balance and leave the skin feeling fresh and smooth. It retails at **£3.59** for 250ml, **£4.99** for 400ml. Lever Faberge Tel: 020 8439 6100

Natural changes

GR Lane is relaunching **Herbaltrim (£10.99)**, the herbal supplement and weight loss programme with a revised formula and new look. Ingredients include citrus aurantium (a natural fat burner) plus chromium, fibre, ginseng, lipotropics and calcium and the packaging focuses on the natural aspect of the product. The programme includes a weight loss plan containing meal planner and weight control tips. GR Lane Health Products Tel: 01452 507458

VO5 shines with relaunch

Alberto-Culver is to relaunch its **Advanced VO5** shampoos, conditioners and treatment range in September.

The reformulated range comprises six shampoos and five conditioners – Sheer Vitality, Moisture Soak, Deep Nourishing, Volume Boost, 2 in 1 and Super Clean (shampoo only). All retail at **£2.19**.

The company says the products, which have an invigorating new fragrance, are

kinder to the hair and leave it shinier than before.

The packaging is changing to sky blue to co-ordinate with the dark blue VO5 Styling range.

The relaunch includes sampling activity, with seven million shampoo sachets to be given away in the autumn and a new advertising campaign supports the range from September. Alberto-Culver Co UK Ltd.

Tel: 01256 705000

Time for Summer Relief

New from J Pickles Healthcare is **No-Sor Nose Balm Summer Relief**.

The balm contains a blend of oils and waxes, plus an antiseptic to form a soothing layer around the nostrils to help ease the rubbing and chapping associated with hay fever.

The company has also updated its **Mijex** insect repellent range with new livery and a point of sale unit which clearly differentiates the



products in the range and their special uses. The move is in response to research which suggests that consumers can be confused by the various products on the market.

Also relunched is the **Liptrex** lip salve range, which now includes four flavour variants, with SPF15,

plus high protection **Liptrex Sun Sport** with UVA protection and SPF25.

The company is introducing a range of market data sheets to inform pharmacies on the markets in which it operates.

J. Pickles Healthcare
Tel: 01423 867314

Briefs

Independent trio

Wassen is introducing three mineral supplements into independent pharmacies following a successful test launch through Boots. The three are **Zinc-ACE**, formulated for healthy immune and reproductive systems; energy supplement **Magnesium-B**; and **Silica-OK** to help maintain healthy hair, skin and nails. Chemist Brokers
Tel: 02392 222500



Have Senokot, will travel

Senokot is back on national TV screens this summer in a £1.5 million advertising campaign featuring the 'dreams' commercial.

The campaign runs on ITV, Channel 4, Channel 5 and Satellite until September with the full 30-second commercial and a 10-second version.

Reckitt Benckiser is also running its first ever press campaign for **Senokot** this summer. Targeted at women aged 30-50, the £290,000 campaign

appears in women's magazines until August. Three advertisements each depict a different holiday situation and feature the strapline 'my constipation started here, my constipation stopped here.'

The campaign aims to communicate that many people suffer constipation on holiday and packing **Senokot** should ensure that they make the most of their break. Reckitt Benckiser plc
Tel: 01482 326151

Hedex heads for TV to target busy mums

An £800,000 TV campaign for **Hedex** is running until the end of September.

The campaign gives a second airing to three humorous commercials featuring busy mums trying to juggle the pressures of modern family life.

The ads communicate the key message of **Hedex** as a headache-specific pain reliever

with the sign-off line 'Headache? Head for **Hedex**'. Each execution features a different brand variant – Regular, Extra or Ibuprofen.

Programming is around popular shows such as *Friends*, *ER* and *Big Brother* on more than 20 satellite stations. GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700



Echinacea for kids

Pharmadass is introducing **Echinacea for Children** in the HealthAid range. The cherry flavoured liquid (50ml, £5.49) contains natural mild antibiotics, antioxidants, B vitamins and minerals which are useful for maintaining the whole body system, as well as Acerola cherry extract, rich in vitamin C. **Echinacea for Children** is suitable for children aged two to 12. Pharmadass Ltd
Tel: 020 8426 3400

Zirtek display

UCB Pharma is promoting **Zirtek** with a new range of POS material reflecting the same theme as the TV campaign for the brand. A new counter display unit holds the seven-day pack and the new pharmacy-only 14-day pack. Shelf talkers and pollen calendars with their own dispensers are also available. Ceuta Healthcare
Tel: 01202 780558

Getting the message across

Beohringer Ingelheim is supporting **Dulco-Lax** with an extensive marketing campaign throughout this year.

The support includes a £1 million press campaign which runs to the end of the year in women's lifestyle and health weeklies and monthlies. The adverts



communicate the feeling once constipation is relieved and highlights the choice of **Dulco-Lax**

Tablets and pharmacy-only **Perles** as gentle and predictable treatment options. Strong PR activity

tackles embarrassment among consumers, the media and pharmacy assistants, promoting more open discussion of the condition and treatments available. Pharmacy support includes point of sale material including counter top units, a back wall unit and discreet consumer leaflets. Pharma Consumer Healthcare
Tel: 01202 780558

Listerine looks to TV

Pfizer Consumer Healthcare is spending £2.4 million on TV advertising for Listerine in a campaign which lasts until September.

It promotes Listerine's ability to kill plaque bacteria and the tongue-in-cheek execution shows the effect that regular use of Listerine has on dentists, who are left with time on their hands, which leads them to play indoor golf, stare out of the window and have



a midday snooze. The two executions – one 30-second and one 10-second version – have the strapline "Listerine: Bad for bacteria. Good for gums." Pfizer Consumer Healthcare Tel: 023 8064 1400

One-A-Day

Lichtwer Pharma is expanding the Kira range of supplements for women with Agnus Castus One-A-Day tablets.

Each 20mg tablet contains a concentrated, standardised extract of agnus castus and a pack of 30 tablets retails at £7.99.

The launch is being supported by a £250,000 summer press advertising campaign. Food Brokers Tel: 02392 222500

£3 million boost for Calpol

Pfizer Consumer Healthcare has launched a £3 million TV and press advertising campaign for Calpol.

The campaign features striking new press creatives and will run throughout the summer, with the aim of driving parents in store and emphasising the fact that the brand has products to meet changing needs from infancy to pre-teen.

The press adverts reinforce the brand's position as the paediatric analgesics brand leader and feature executions showing Calpol Infant Suspension and the



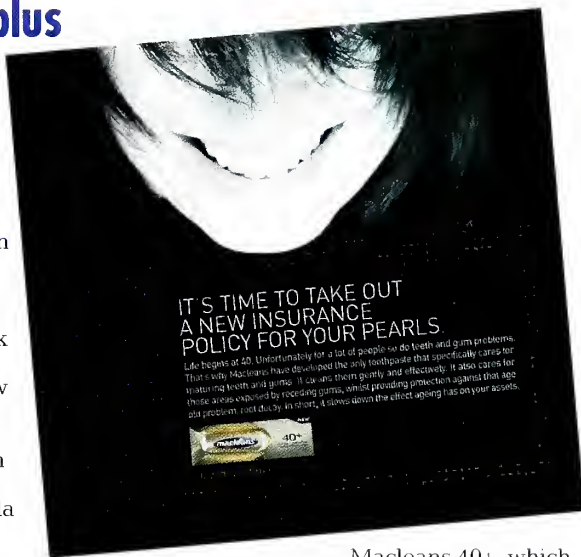
latest range including Calpol Fast Melts. They will be seen in leading women's weeklies and women's general interest titles as well as the parenting press.

The national TV campaign has 30-second and 10-second adverts for Calpol Fast melts. Pfizer Consumer Healthcare Tel: 023 8062 3678

Putting the plus back in 40

Macleans 40+ toothpaste makes its TV debut with an eye-catching commercial using a split motion production technique which appears to slow down time.

The 30-second black and white ad shows a couple dancing in slow motion, engrossed in each other, while everyone around them is dancing at normal speed. Actress Amanda Burton provides the voiceover and the background music is a new version of Roberta Flack's *First time ever I saw your face*. The ad ends with the distinctive gold cutaway packaging against a black



background. The £2.3 million campaign runs until September and is supported with a £250,000 press campaign in around 15 women's magazines. Macleans 40+, which is formulated to help slow down the ageing effects on maturing teeth and gums, retails at £2.49 for 75ml. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700

Simple uses homeopathy

Homeopathy is inspiration for a new skincare line in the Simple range.

Simple Equilibrium is an age-resisting skincare range which uses homeopathic ingredients.

The range, launched initially in Boots, will be available to other pharmacies from the beginning of September. It features four moisturisers, a cleanser, toner, wipes, face mask and rebalancing serum. Accantia Health & Beauty Ltd Tel: 0121 327 4750

Briefs

Speciality facelift

Dietary Specialities has given its gluten and wheat-free prescribable mixes a new look in the DS carporate colours of purple and yellow. The new look DS range from Nutrition Paint includes six baking mixes – white or brown bread mixes, white cake mix, pastry mix, white mix and fibre mix. DS Dietary Specialities Tel: 07041 544044

Ozzie relief

Pharma Nard has launched Eucanal, an Australian range of natural pain relief products based on eucalyptus oil, into the UK. The Eucanal range comprises Muscle Spray, Muscle Rub, Soothing Cream and Eucanal Spray. Pharma Nard (UK) Ltd Tel: 01670 519989

Preventing trouble

Agropharm is relaunching Prevent insect repellent with a new look designed to highlight the product's natural ingredients. Prevent (£4.99) contains pyrethrum – a refined extract from African chrysanthemums – and is powered by an azane-friendly propellant. The new, bright green packaging has a picture of an African chrysanthemum. The pocket-sized canister contains around 400 controlled doses. Agropharm Ltd. Tel: 01494 816575

Fully automated blood glucose system

Roche Diagnostics has launched a third blood glucose system in the Accu-Chek range.

The Accu-Chek Compact offers fully automated test strip handling, which eliminates the need to carry packs of test strips or load a strip into the meter for each test manually.

To prepare the system, the user opens the bottom of the meter and inserts a drum of 17 test strips

in the same way as loading film into a camera. The user simply presses a button for the system to dispense the first test strip. The new meter costs £25, but is available at a promotional price of £20 until the end of August on production of a voucher available from pharmacists, practice nurses or diabetic clinics. Roche Diagnostics Tel: 01273 480444

Oxy mounts a triple attack

TV and national press advertising plus high profile PR activity aim to give GlaxoSmithKline's Oxy brand maximum exposure among 12-16-year-olds.

All activity features the strapline 'Don't ruin your chances'.

The successful cartoon duo Angela and Chip return to TV in a £575,000 campaign which features Oxy Daily Facial Wash and Duo Pads and runs until September on national terrestrial and major satellite stations. A



£114,000 press campaign targets around 17 teen titles and the Oxy Band 2000 competition stages its grand final at the end of August. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700

Summer boost for Zantac

GlaxoSmithKline is supporting **Zantac 75** with a £300,000 press campaign which lasts until the beginning of September.

The campaign features two advertisements – 'book' and 'invitation' – which previously appeared last winter and feature a new sign-off line: 'Zantac 75, you can live life heartburn-free.'

Both adverts highlight the pharmacy-only product's 12-hour, all day or all night relief proposition. The 'book' version emphasises the prevention of heartburn



at night.

The advertisements appear in 15 national titles including *Bella*, *Good Housekeeping*, *Readers Digest* and

Sunday Magazine.
GlaxoSmithKline
Consumer Healthcare
Tel: 020 8047 2700

Mitchum sticks with water

Revlon has developed **Mitchum Cool Dry**, a water-based deodorant stick which does not leave any stickiness on the skin.

The new product (£3.59) comes in a stick shape, but does not contain wax like most stick deodorants.

It is designed to be quick drying and leave no white smudges on the skin

or stains on clothes.

Available in three variants – Unperfumed, Powderfresh and Mountain Air – the deodorant will initially be exclusive to Boots and Safeway and will be available to independent pharmacies later this year.

Revlon International Corporation
Tel: 020 7284 8700

Mosi-Guard giveaway

Holiday discounts worth more than £12 million are on offer in a



promotion linking the **Mosi-guard** insect repellent brand with

Thomson Holidays. 'Monty's Great Holiday Giveaway' promotion offers on-pack vouchers on the Mosi-guard Natural insect repellent range.

The vouchers are worth £100 towards package holidays in most Thomson brochures including *Gold*, *Summersun*, *Cruises*, *A La Carte* and *Platinum*. They are found on the aerosol, pump spray, roll-on, stick and cream products.

Mosi-guard
Natural Insect
Tel: 0113 238 7502

GSK takes a fresh look at Sky

GlaxoSmithKline has struck a £1.5 million deal with Sky TV to keep its **Aquafresh** brand on the channel for 12 months.

The scheme – *The Aquafresh Family Night* on Sky movies – will give branding across Sky Premier, Sky 1, 2, 3, 4 and widescreen each Sunday night through a series of 15-second

opening and closing credits. Six different executions, each with their own movie theme, give coverage across the paste and brush range.

The deal, which will be supported in listings magazines, supplements planned TV activity worth £6.2 million. GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700



Briefs

Carnation ads

Carnation Footcare is spending £250,000 on advertising **Carnation Corn Caps** in national newspapers, women's and lifestyle magazines. The campaign continues until mid-September and should reach 20 million customers.

Activa Health Care Ltd
Tel: 01283 540957

Zirtek display

UCB Pharma is promoting **Zirtek** with a new range of POS material reflecting the same theme as the TV campaign for the brand. A new counter display unit holds the seven-day and the new pharmacy-only 14-day packs. Shelf talkers and pollen calendars are also available with dispensers. Ceuta Healthcare
Tel: 01202 780558

Herbal help from Gerard House

Peter Black Healthcare is adding five herbal supplements to the **Gerard House** herbal range targeting women's health and the mature market.

The products are:
Agnacast (90 tablets, £3.99) containing the herb vitex agnus castus, which has been shown to help establish normal hormone balance

Raspberry Leaf (90

tablets, £4.49) with extract of the herb which has traditionally been used in the latter stages of pregnancy

Slimmers Aid (60 tablets, £2.99) containing kelp – used for the treatment of obesity

Devil's Claw (90 tablets £4.49), which is traditionally used for its anti-inflammatory and analgesic actions.

Hawthorn (90 tablets, £3.39), which may help to maintain a healthy circulation due to its high bioflavonoid content.

The products are in white Gerard House packaging with a tablet illustration and colour visual of the relevant herbs.

Peter Black Healthcare Ltd.
Tel: 01283 228300



Dynamic new look

The **Anadin** range has a new look to give it a more dynamic image.

For the first time, the packs will feature key indications on the front, along with a consistent, embossed logo and a slick, modern look to help consumers identify the variant they need.

The packs carry easy-to-understand information and a Careline phone number for consumers with queries.

Support for the brand throughout the year includes a £6 million advertising campaign. Wyeth Consumer Healthcare
01628 669011

Testing testing...

*When you're on your feet all day,
there's nothing like a refreshing foot
treatment to put a spring back in your step,
so OTC decided to see how six testers
got on with one of the new Scholl
'Health & Beauty for Feet' products*

was a great success!

Krysta, described by her mother as a "fussy teenager", particularly liked the packaging and found the fragrance pleasant.

The product was very easy to use, with clear directions, and was very refreshing.

"She said it made her feet feel as if they had been pampered," said Shelley, who added that, at under £5.00, it was a product she would be happy to buy again for her daughter.

Rating: 8 out of 10.

Tester: Helen McConnachie

Verdict: Helen does not usually use a foot cream or lotion, but she liked the look of the Scholl product and found both the texture and the fragrance pleasant. It was easy to use, leaving her feet feeling dry and refreshed, and Helen

thought it was good value for money.

"It smells nice when first applied and is cooling," she said, though she found it left her feet looking rather white and powdery.

Even so, this is a product she would use again and recommend to friends and customers.

Rating: 6 out of 10.

Tester: June Clarke

Verdict: June usually uses Diprobase Cream on her feet. She says the Scholl product looked attractive and smelled pleasant and the pump dispenser was easy to carry.

She did not, however, like the texture, though it was easy to use. She said she found the alcohol content of the product rather drying and the powder could be messy.

"You had to be careful not to soil clothes or floor coverings," she said.

"Unfortunately, I am not a talc fan, preferring to use moisturisers as the massage of the feet soothes and revitalises."

Rating: 5 out of 10.

Tester: Susan Scott

Verdict: Susan does not use a foot product on a regular basis and she thought the Scholl product looked attractive, with no discernable fragrance.

The on-pack instructions were clear, but Susan did not find the product particularly easy to use, though it did leave her feet feeling refreshed.

"I didn't like the fact that it dried to a powder because if came off and made a mess on the carpets," she said.

She thought it was a little expensive and it is not one she would buy to use again.

Rating: 7 out of 10

Tester: Lesley Keen, OTC supplement co-ordinator

Verdict: I don't use a special product for my feet, just a normal body moisturiser, but the Scholl product looked very attractive and I also liked the pump dispenser.

The cream had a pleasant texture and was easy to massage into the skin, doing exactly what it claimed to do and drying quickly to a silky powder. It certainly gives a refreshing boost to tired feet, with the alcohol content giving an instant cooling effect.

I did, however, find the scent rather too strong and sharp, probably due to the alcohol, and it did have a slightly drying effect, though it must be stressed that this does not claim to be a moisturiser.

Overall, in spite of the fact that Scholl Cream Powder does everything it claims to do and will

come into its own on hot summer days, it is not something I would buy and use regularly.
Rating: 6 out of 10



Scholl Cream Powder (rsp £4.25) looks like an innovative way to keep feet feeling fresh and comfortable. The product, presented in a smart pump dispenser, goes on like a cream, but swiftly dries to a powder.

It's new and it's different, but did our testers like it?

Tester: Gita Karia

Verdict: Gita, who normally uses a Superdrug foot moisturiser, liked the texture and the fragrance of the Scholl Cream Powder. She found it was easy and left her feet feeling dry and refreshed.

"It was dry, refreshing and cooling at the end of the day," she said. "It showed white patches on my black tights, but only on the first day, then I was careful putting it on. The packaging was very attractive and the pump dispenser made it easy to apply."

She thought it was good value for money and a product she would use again and recommend.

Rating: 8 out of 10.

Tester: Shelley Household

Verdict: Shelley asked her 16-year-old daughter Krysta to try the product as she is on her feet all day – and it

Practising safe sun

Spending time in the sun is rather like smoking – we know it's bad for us, but the combination of the feelgood factor and the belief that 'it won't happen to me' mean millions still ignore the good advice. Lesley Keen previews some of the questions that customers may ask as they prepare for summer exposure

Why is spending time in the sun bad for me?

It is not so much the fact that you are in the sun, as how long you spend there, what level of protection you use, and what time of day it is.

The sun's UV radiation is divided broadly into UVA and UVB rays – and that means double trouble!

UVA rays do not burn, but are blamed for ageing the skin in the long term – and giving the skin of women who spend too long in the sun that wrinkled "lizard" look. Long-term exposure to UVA rays can lead to skin cancer.

UVB rays are the rays which cause the immediate reddening and, if you take things too far, burning and blistering and it is when your skin is burned that you may be storing up trouble for the future with later development of skin cancers, including malignant melanoma.

People who insist on spending time in the sun should try to avoid exposure between 11am and 3pm when it is at its highest in the sky and has the greatest burning power.

Cancer Research UK says few people realise that the sun can actually damage the skin's DNA, which means people who ignore advice on being safe in the sun are risking a "skin cancer timebomb".

How likely am I to experience adverse effects?

No one, whatever their skin colour, is completely safe in the sun, but people who have very pale skin, especially those with numerous moles, with fair or red hair and freckles, are most at risk.

Around 46,000 new cases of skin cancer are diagnosed in the UK annually and, although many cases are curable, about 2,000 people die from the disease each year.

Around 6,000 people each year are diagnosed with the most deadly form of skin

cancer, malignant melanoma, and it claims the lives of 1,600 of them. However, Cancer Research UK believes up to 80 per cent of these cases are preventable as they are caused by sun exposure.

What do all these different SPF numbers and stars mean?

The SPF (Sun Protection Factor) aims to protect against UVB rays and allows you to calculate how long you may be able to stay in the sun without burning. For example, if you can normally stay in the sun without protection for 10 minutes before your skin starts to redden, a product with an SPF of five would mean you should be able to stay out for up to 50 minutes without burning and an SPF of 15 would offer protection for a maximum 150 minutes, but remember to reapply regularly for most benefit, especially if swimming or sweating (see below). But it is important to remember that these are just guidelines and it is always best to err on the conservative side.

If customers are unfamiliar with the SPF system it is worth pointing out that the length of time they may be able to stay in the sun without burning is not extended or renewed with each application of sunscreen.

The star rating seen on many products is a measure of protection against UVA radiation, with a four-star product offering maximum protection.

Products are available with a wide range of SPF's from two to 60. Adults should start their holiday with an SPF of 25 or more and move progressively to a lower factor as their skin becomes

accustomed to the sun. SPF15 is the recommended minimum for those with light skin.

How much suntan cream or lotion should I use?

An adult should use around 35ml – or seven teaspoonfuls – of sun lotion for a full body application. It is important to use plenty of sunscreen to get a protective layer over all exposed skin and it is best to make the first application half an hour before going into the sun.

Sunscreens are very expensive and, for a



family with two children, it makes a real difference to the cost of the holiday. How can we economise?

When it comes to sunscreens you do not necessarily get a more effective or protective product if you pay more. You may be paying for fancier packaging, a fragrance or a texture which particularly appeals to you, for the very latest ingredients or the "right" brand name.

There are some lower priced ranges – take a look at Delph, Malibu and Calypso – which offer value for money as well as a high level of protection. If you are on a tight budget, it is better to buy enough of a product you can afford than try to get by with too little of a more expensive brand.

There is a good spread of prices for sun care products, with budget brands starting from around £2.99, though higher SPF products will cost a little more. Graham Hill, managing director of Fenton Pharmaceuticals, which makes the Delph brand, is campaigning for sun protection products to be VAT-free

to bring down the cost still further.

He calculates that a family of four going to the sun for seven days will use no fewer than 17 200ml bottles of sun products between them if they each apply 35ml four times a day. With some leading brands that would cost well over £160, but the same amount of his brand would cost from £51.

Should I use it in the afternoon as well as the morning?

Yes, and a couple more times in between! If you are using a sun product with a very high SPF this does not mean that one application in the morning protects you for the rest of the day.

If you are lying on a sunbed or beach towel you will rub off some of the sunscreen every time you move or turn over and you will lose more when you put on some clothes to go to the bar or to the restaurant at lunchtime.

Why do I need a different formula if I spend a lot of time in the water?

Ordinary sunscreens can wash off quickly in a pool or in seawater. If you are spending much time in the water you need a waterproof or water-resistant product – and remember, the glare of the sun coming off the water can accelerate the burning process.

If you are only going in for a quick, cooling dip, you should carefully reapply your sunscreen as soon as you come out of the water and dry off.

My husband doesn't like using sunscreen. How can I convince him?

Research carried out by NOP on behalf of the budget sun care brand Malibu revealed that 24 per cent of men still do not use sunscreen on holiday – a figure which rises to 55 per cent when they are holidaying in the UK.

Cancer Research UK also wags a warning finger at the male population, with news that the rise in cases of malignant melanoma is almost entirely due to increasing rates in men, whose incidence of this disease has shot up by 12 per cent in just six years. The increase among women was just 2.1 per cent.

Do my children need special consideration?

Yes, children should always be protected in the sun because there is evidence that sunburn suffered in childhood is a particular danger later in life.

Researchers say that just one episode of sunburn in childhood can lead to the development of skin cancer decades later.

Babies of up to six months should be kept out of the sun altogether and it is vital that older babies and children have maximum protection from sunscreen and that they wear a hat and a T-shirt when they are in the sun. If the child is particularly active and likes the water, try a waterproof or water-resistant formula.

If they don't like standing still while the sunscreen is applied, try one of the sprays which goes on as a coloured lotion, then rubs in – look out for Nivea, Ambre Solaire and Malibu.

But I feel better with a tan and I only expose myself to the sun once a year, so surely, I'll be safe?

It is people like the Brits, who spend most of the year in a cool climate, covered up with clothing, who are most at risk because if you expose yourself to the sun for short, intense periods, you are more likely to develop problems later.

We don't get much sun in the UK, so do I really need sun products when I go on holiday here?

Just because we are a long way from the equator, it doesn't mean you can play fast and loose with the sun in the UK, so don't take chances. You can burn just as easily on a hot day in Edinburgh as Estepona.

A survey carried out by Tesco found that while more people will use sunscreen when they go abroad they do not use it in the UK. Yet around half of those questioned admitted that they had been more badly burned at home than abroad.

What use is an aftersun product?

Aftersuns soothe and cool the skin after sunbathing and help boost the moisture content after a drying day in sun and water.

Today's products contain ingredients of special benefit such as aloe vera, which is traditionally used to treat burns, and antioxidants to help protect the skin from damage or accelerate its recovery process.

I've been thinking of using a fake tan, but aren't they smelly, streaky and orange?

Not these days. Fake tans have come a long way from the time when all they had to offer was a foul smell, a leg full of streaks and a face the colour of a satsuma.

Most brands give careful instructions, which include exfoliating and in some cases moisturising before using the product and it is vital to follow the instructions on the pack for

best results. However careful you are, you may find the odd uneven patch at first, but with a little practice and by taking your time, fake tans can look great.

If you are using fake tan for the first time or are finding it difficult to apply evenly, try one of the tinted products which show you exactly which areas you have covered.

The distinctive smell of the ingredient which produces the tan – most products use DHA (dihydroxyacetone) to produce the colour – is masked in most products – check out Piz Buin, which has a specially commissioned fragrance.

What level of protection will I get from my fake tan?

Fake tans do not contain a sun protection factor as a matter of course, but some do have a built in SPF, so check the packaging carefully.

What's new in sun care?

There are lots of new products and improved formulas this season.

- One new range in the UK is Banta, which is aimed particularly at consumers in their teens and twenties and which is already successful in Australia (for a chance to try it for yourself, turn to our Freebie on page 35).

- Clinique offers a new UV-response formula which the company says provides antioxidant protection which increases with the intensity of the sun.

- Manufacturers are also trying to speed up the drying time of fake tan products so you don't have to stand around naked for half an hour if you don't want to tan your clothes as well as your hide. Clinique and the newly packaged and formulated Piz Buin both offer drying times of just five minutes or so.

- Nivea offers a skin firming sun lotion so you can tone while you tan.

- Ambre Solaire is also offering a number of new formulas including children's products with SPF 30 and 40 and a fake tan with built-in SPF8.

- There are also more "tan prolonging" aftersun formulas this year. These are basically aftersun products with a little fake tan added, so you can keep the glow even after the sun has set on another summer.

Have medicine

*The last thing anyone wants on holiday is to waste precious days feeling ill, so many of us pack a basic medicine kit in our luggage – but what should it contain? **Larry Goodyer**, lecturer in clinical pharmacy at King's College London, has some sound advice*

It is probably not much of an exaggeration to say that the majority of people planning a trip overseas, whether for holiday or pleasure, will visit a pharmacy at some point to buy toiletry or medical supplies.

They may come in for sun products or hosiery to combat the risk of DVT, but whatever the initial inquiry, it presents a wonderful opportunity for both travel-related health promotion and to ensure that a suitable medical kit is taken. This article focuses on the items that could be carried in the traveller's medical kit.

When travelling to areas where medical facilities may be poor, a comprehensive kit becomes particularly important. What and how much is included will depend on the itinerary, length of time away and particular type of activity. While trying to cover every likely contingency could lead to the traveller trying to fit a small field hospital into a rucksack, it is important not to miss out essentials.

To illustrate this more clearly, the table overleaf presents the results of a small study conducted at Nomad Medical. A group of 66 travellers who were away for less than a month and mostly in tropical areas, were asked what medical supplies they had included in their kit and whether that item was actually needed on their trip. So, for instance, half the people took away rehydration sachets, but only nine (29 per cent) actually used them. Of course, there may have been other people suffering from diarrhoea who would have used the sachets had they been carrying them.

Diarrhoea

Starting from the top of the list, it is safe to assume that

diarrhoea is the most likely problem encountered by travellers overseas. Around 30-50 per cent of people visiting some developing countries may be expected to develop "traveller's diarrhoea" which usually lasts a few days although, in some cases, can develop into a more chronic problem requiring treatment with antibiotics. About half the people in our survey carried a treatment and it was used in around 30 per cent of cases.

Loperamide is very useful for traveller's diarrhoea in adults, particularly when the problem interferes with travel plans. It should not be taken continuously for more than a couple of days or if there is dysentery, ie blood in the stools. It is also advisable to maintain fluid intake and continue eating some food; sugary drinks such as sweet tea with salt crackers have been claimed to be ideal.

Electrolyte sachets contain glucose and salt which facilitate good absorption of fluid and, while not strictly necessary in adults, are useful if it is hard to find appropriate food and drinks. Dioralyte Relief™ is a potentially good product for traveller's diarrhoea as its starch base tends to produce a more solid stool. Electrolyte solutions should always be used in the very young or elderly.

A change in diet and loss of fluid in a hot climate can lead to constipation, so a laxative can be useful.

Purer water

Health promotion in terms of

food and water hygiene is important.

People should be warned to avoid "risky" foods – particularly salads, shellfish etc – as well as to drink only boiled or bottled drinks. Water purification chemicals can be a useful standby. Puritabs™ contain chlorine and are the easiest to obtain, but some more intrepid travellers use iodine-based products.

Packing the basics

One OTC product that all travellers should carry is a simple analgesic, as our survey showed that these are very often used. Travellers should take the analgesic they most often use when at home.

Fungal infections are quite a common problem in the hot, humid conditions of the

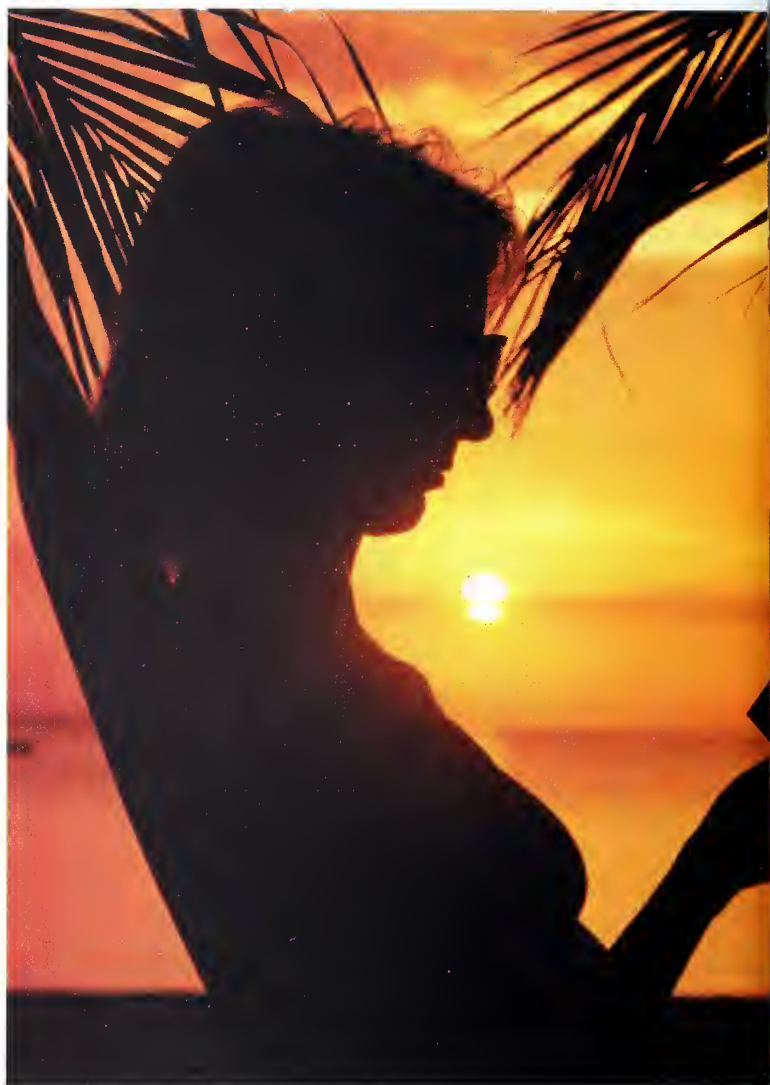
tropics. These may take the form of athlete's foot, particularly if the traveller is doing a lot of jungle trekking.

Another form of fungal infection is "dhoti itch", seen around the groin area in men, while women may experience a bout of vaginal thrush. Those particularly prone to these problems should be encouraged to carry the appropriate antifungal preparations.

Taking a bite...

Insect bites and stings can be a major problem, not only from the nuisance aspect but also because diseases such as malaria can be transmitted.

The people in our survey tended to be travelling to malaria endemic areas and so were encouraged to use



can travel



and is not acceptable to everyone so, in such cases, a product containing lemon eucalyptus (eg Mosi-guard) is an appropriate alternative.

For those at the highest risk, treating clothing with the insecticide permethrin (eg BugProof) affords the very highest levels of protection if used in conjunction with a repellent applied to the skin. Once treated, clothing only needs to be retreated once every two to three weeks.

Unfortunately, repellents applied to the skin tend not to give very good protection after a few hours, so are not used on retiring for sleep. If travellers to the tropics are not sleeping in a well screened or air-conditioned room it is worth using a mosquito net. This should also be treated with an insecticide, because if an exposed part of the body lies against the net the insects may be able to bite through untreated mesh. Even in an air-conditioned room, any mosquitoes that have entered during the day must be removed, either by a knockdown spray or one of the plug-in devices that heat a small tablet containing an insecticide which will gradually vaporise.

If someone does get bitten it is worth carrying an appropriate treatment to reduce the inflammation and itching. A simple antihistamine tablet such as

chlorpheniramine will help relieve itching at night while aiding sleep and a hydrocortisone cream will help reduce the inflammation.

When less is more...

As our survey shows, it is not really necessary to overdo the first aid kit. Certainly, plasters will always come in handy. Also, it is worth including an antiseptic such as Savlon Dry, as wound cleaning is not always adequately achieved when living in basic conditions, ie during camping and trekking trips.

I always encourage good wound hygiene in such circumstances as there is a tendency in the tropics for even small wounds to develop into nasty, chronic sores if not cleaned well and covered for protection.

Most other types of dressing are rarely needed, and much space can be saved if travelling in a group where one elected member could perhaps hold a more extensive first aid kit.

Bandages and dressings are more likely to be required if undertaking more physical or sporting activities. A foot blister plaster can be useful for those doing a lot of walking and trekking.

Quite a number of travellers carry sterile kits with needles and syringes, to be used in areas where AIDS or Hepatitis B could be transmitted through the use

Continued on page 20 ➤

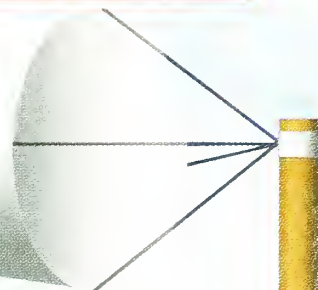
insect repellents. I usually recommend a diethyltoluamide-based (DEET) repellent of greater than 30 per cent strength

when travelling to malaria endemic areas, and this may need to be reapplied every two to four hours. DEET does tend to dissolve plastics

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of contaminated equipment but, as can be seen, these are unlikely to be needed on relatively short trips.

Sun products should of course be used in all sunny climates and the appropriate advice regarding the sun can be given (see our sun protection feature, page 16).

Sexually transmitted diseases are a huge problem in some parts of the world, so carrying condoms should be encouraged if casual sexual activity is anticipated.

Prescription medicines may need to be considered for certain travellers. Our survey did not ask about malaria prophylaxis, but this is obviously important for many tropical destinations. Great care should be taken in identifying the best prophylaxis for the area visited and that there are no potential contra-indications.

Adequate supplies of any existing medication for chronic problems should be taken and customers should not forget any conditions for which medication may only occasionally be taken, such as asthma or cystitis, which could flare up when away.

Antibiotics would not often be needed for short-term travel, and the few in our survey who carried an antibiotic were taking ciprofloxacin for traveller's diarrhoea.

People should generally be discouraged from buying medicines while away, particularly if they are going to a developing country where the quality of medicines is variable. Customers may say they plan to buy expensive antimalarials while away and, though they may be cheaper at the destination,

Table of survey carried out at Nomad Pharmacy on 66 travellers concerning what medical items were carried and which were used by themselves.

(This survey was conducted by the Nomad Pharmacist Mr J. Gibbs as part of a Post Graduate Diploma in Travel Medicine)

ITEM	% who took item away in medical kit n=66	% of items used from medical kit
OTC ITEMS		
Rehydration sachets	50	29
Loperamide	53	30
Laxatives	10	17
Aspirin	27	53
Paracetamol	60	59
Ibuprofen	34	52
Antihistamine tablets	44	33
Antihistamine cream	39	75
Antifungal cream	15	22
Hydrocortisone cream	19	17
FIRST AID		
Plasters	85	30
Non-adherent dressings	37	4
Surgical tape	48	23
Wound closure	23	7
Gauze swabs	26	13
Cotton buds	42	38
Wound dressings	32	10
Antiseptic wipes	63	41
Antiseptic	61	29
Crepe bandage	35	5
Safety pins	45	11
Scissors	71	27
Tweezers	55	29
Foot-blister plasters	21	31
Sterile equipment	39	8
OTHER		
Water purification	45	29
Insect repellent	82	73
Sunscreen	87	80
Mosquito net	31	32
Multivitamins	29	61
Antibiotics	15	44
Condoms	27	59
Other	31	68

studies have shown this type of medication in particular may be of a poor quality.

Finally, remember that OTC medicines are packaged for storing in a bathroom cabinet rather than a rucksack. Encourage the traveller to put supplies in a suitable pouch that can be kept clean and dry.

Turn to page 34 to test what you have learned in this feature. The questions are sponsored by:



Getting fresh

Keeping cool and fresh through sticky summer days can be a challenge, especially if you commute to work on crowded, stuffy public transport. But with the latest high-tech advances in personal hygiene products, it is possible to keep cool and stay sweet smelling all day long. Sarah Purcell tells us how...

Sweating is part of our body's natural thermostatic action, designed to ensure our temperature remains at a constant 37°C (98.4°F).

We sweat in response to heat or emotional stress and the cooling process occurs when sweat evaporates from the skin's surface. If our temperature rises above the normal level, the brain will send out messages to the sweat glands to stimulate them. We have some three million sweat glands distributed around our body, with the highest concentrations on our hands, feet and forehead. Each gland is made up of a coiled tube, in which sweat is secreted, and a narrow passageway which carries sweat to the skin's surface.

We feel cooler not due to the sweating itself, but to the evaporation from the skin. Sweat is made up of 99 per cent water, with minute quantities of minerals such as sodium chloride or salt.

There are two different types of sweat gland: **Eccrine glands** are present from birth and are found all over the body. Eccrine sweat is an odourless solution of salts and water. Mainly associated with temperature control, this type of sweat doesn't cause body odour, only wetness.

Apocrine glands don't develop until puberty and

are only found in the armpits, pubic region and groin. Apocrine sweat is a milky liquid composed of proteins, lipids and amino acids and these glands are triggered by emotional stress. It is when bacteria act on this type of sweat that body odour develops. If the sweat becomes stale the odour gets worse, which is why regular attention to personal hygiene is essential.

How do APDs (anti-perspirant deodorants) work?

An APD contains aluminium or zirconium salts that dissolve in the perspiration and form a gelatinous plug

which partially blocks the opening of the sweat gland to reduce the flow of sweat. The plug remains in place until washed away. An APD also contains a deodorant perfume to mask any odour.

What about deodorants?

A deodorant can't stop you sweating like an anti-perspirant, but these products do contain antibacterial agents, such as ethanol to prevent odour, and carefully selected fragrance that will mask any odour.

What does that mean?

Here are some of the claims made for anti-perspirant deodorants that

you'll come across on-pack:

Unbeatable Wetness

Protection: tested by hot room efficacy trials.

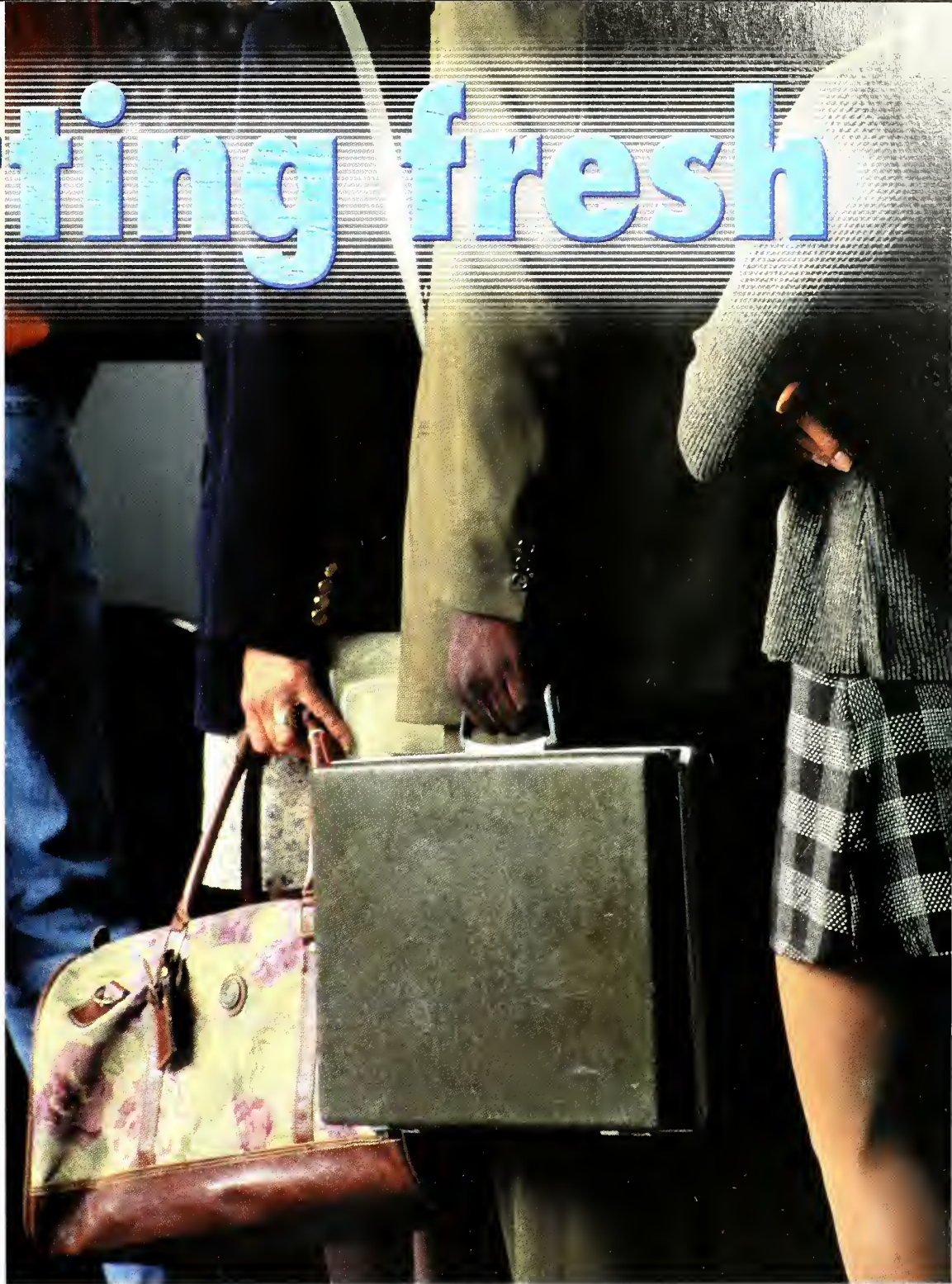
24-hour protection: tested through sweat collection and found effective approximately 24 hours after application.

Body responsive: anti-perspirant active ingredients are inactive when dry, and react with perspiration only when dissolved by it.

Skin friendly: free from potential irritants such as alcohol, and including emollients or other ingredients that care for skin.

Non-sting: no alcohol – a

Continued on page 21



potential irritant, especially after shaving.

Dermatologically tested: an independent dermatologist has endorsed the product as causing little/no irritation.

Non-sticky: formulation goes on dry.

Which format is best?

- Aerosols are still the favourite format, used by around 77 per cent of people. They are popular because they dry quickly and are refreshing to use, but they can leave a white residue on skin and clothing, though new formulations can overcome this.

- Roll-ons are the next most popular, chosen by about 13 per cent of people. In the past they were sticky and took ages to dry, but the new formulations are non-sting and fast drying.

- Sticks, gels and creams represent about 10 per cent of sales and new formulations include clear drying products that don't leave residue.

- Wipes are a small but growing sector which tends to be more popular in summer – the idea is that you keep a pack in your bag to freshen up during the day.

What's new?

This year has seen the launch of a number of deodorant or anti-perspirant products with skin-caring formulations.

These contain a high percentage of moisturising agents to care for skin, as well as protect it from odour.

Keep your cool in the heat

- Drink two litres of water a day to prevent dehydration. This will help you keep cool
- Wear open-toed shoes to help your feet breathe and prevent foot odour
- Take a cool shower, morning and evening
- Keep a water spritz or body spray on hand for use throughout the day
- Change clothes and underwear daily to prevent stale sweat building up
- Shave underarms as hair retains sweat and causes odour
- Wear clothes made from natural fibres like cotton or silk to minimise sweating. Nylon will make you sweat more
- Use an electric fan
- Try to avoid travelling in the rush hour if possible and walking or cycling to work will be cooler than a train or car



Hyperhidrosis

While the average person sweats around one litre a day, some people perspire excessively, whatever the weather. This condition is called hyperhidrosis and affects around one in 100 people in Britain.

It may only affect certain areas of the body, such as the feet and hands, or it can be more widespread. It tends to appear around puberty and usually disappears by the mid-20s or early 30s.

Normal anti-perspirants and deodorants will not be effective against this type of sweating, and a special anti-perspirant containing aluminium chloride hexahydrate may help. This needs to be applied at night, when the sweat glands are inactive, and eventually may only be needed once or twice a week.



Feminine hygiene

The feminine hygiene sector has been shaken up in the past six months with the introduction of sanpro products to suit your choice of underwear, making it more comfortable and discreet than ever.

- Bodyform Micro – which is said to be the world's smallest – is a new pantyliner for everyday usage designed to suit any type of underwear. There are also new products designed to be worn with G-string underwear.

- Always has extended its range with Always Tanga, a towel to be worn with G-string underwear which incorporates new "anti-bunching" technology to keep the pad more securely in place. The brand's pantyliners now come in variants that suit whatever underwear you choose, with a black option for darker undies.



Also new are moisturising body sprays. The Sure brand has been relaunched with an improved formulation which is said to be even more effective at tackling "emotional sweat" as well as thermal sweat. Nivea has added a range of anti-perspirant deodorants for men and women.

The caring formulation is free from alcohol, colour and preservative and it comes in an aerosol, roll-on, wipe and new compact formulation. The miniature 20ml spray is said to deliver as much as a 150ml aerosol, lasting around three months, fits neatly into a handbag.

Strictly for the boys, the Lynx brand now has a longer-lasting formulation which is said to starve the bacteria that cause body odour.

Cambridge Counterpart

Pharmacy Assistant Development



The articles overleaf are taken from the third module of the revised Cambridge

Counterpart training course for pharmacy assistants. Module 3 is on footcare and oral care and covers topics including athlete's foot, tooth decay and gum disease.

This is just a sample of the course to show you how it is structured. To meet the Royal Pharmaceutical Society's standards for medicines counter assistants you will need to register for the course. You can sign up using the form below. Everyone who registers for the revised course will receive a free folder to store their coursework.

Cambridge Counterpart is a 14-part modular distance learning course that covers everything you need to know to work effectively on the medicines counter. Counterpart is brought to you by Chemist & Druggist and Wyeth Consumer Healthcare.

Test your understanding – sample questions

Only tick the boxes that are correct statements or correct answers to customer questions.



1 A mouth ulcer paste may reduce inflammation and form a protective coating.

☐


2 Bad breath can be a symptom of gum disease.

☐


3 False teeth do not need as much care as natural teeth.

☐


4 Hydrocortisone lozenges should be used for oral infections.

☐

How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

Post your completed form, with a cheque payable to CMP Information Ltd, to Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

Registration Form

Pharmacist

Pharmacy

Address

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Course registration fee of £35.25 per person

Name £

Name £

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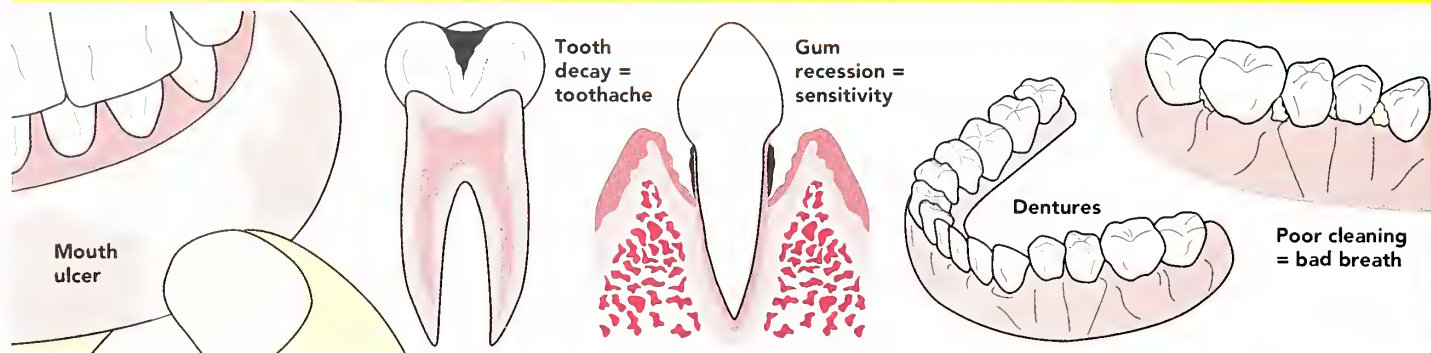
Name £

Sub total £

Please include () sets of modules at £23.50 each £

All prices include VAT Total £

For further information or to pay by credit card, call Mary Prebble on 01732 377269.



Denture care

False teeth need almost as much care as natural teeth. Dentures should be removed overnight to give the mouth a rest. Before soaking in **denture cleaner** they should be scrubbed gently with a **denture brush**.

Make sure, by reading the packs, that you know how the different denture cleaners are used.

Denture fixatives are available to keep badly fitting dentures in place, but customers should really consult the dentist to see what can be done to make them fit better.

People whose dentures make their gums sore should also be referred to the dentist. New dentures may cause problems at first and there are various products for short-term relief of denture irritation. These may contain a local anaesthetic, such as benzocaine or lidocaine, and an antiseptic such as cetrimide. A salicylate may be included for pain relief.

Sometimes it may be the denture material or the fixatives themselves which cause the irritation. This condition is known as denture stomatitis.

Toothache

Toothache may be due to dental decay, as described above, in which case the only solution is a visit to the dentist. Painkillers (see module 2) can give temporary relief, as can toothache tinctures and clove oil but these must not be allowed to come into contact with the gums.

If toothache is due to a lost filling, temporary repair kits may be useful until the customer can see a dentist.

- Refer to the pharmacist:**
- Severe pain and facial swelling may mean there is an abscess, which needs immediate referral to a dentist.
 - Painful and sore wisdom teeth, particularly if there is difficulty moving the jaw.
 - If the gums have receded and the teeth move.

Sensitivity

Sometimes people experience pain because their teeth are extra sensitive. Their teeth hurt when they brush them or if they eat hot, cold or sweet foods. This often happens in middle aged and older people as their gums recede and expose the sensitive tooth dentine.

Treatment: special toothpastes for sensitive teeth should be recommended. These may take a couple of weeks to work.

Refer to the pharmacist: if toothpastes for sensitive teeth fail to work.

Bad breath

Otherwise known as halitosis, bad breath may be caused by poor oral hygiene and inadequate removal of decaying food particles. Gum disease might also be to blame.

Thorough, regular brushing, flossing and the use of mouthwashes usually helps. If it persists, customers should be advised to see a dentist.

Other causes could be upper respiratory tract and sinus infections, indigestion and constipation.

Dry mouth

Dry mouth (xerostomia) is a side effect of many drugs, including some which can be bought over the counter such as hyoscine. Sometimes the salivary glands are blocked.

Dry mouth can be relieved by chewing gum or pastilles, taking frequent sips of cool drinks or by using artificial saliva which is available OTC but tends to be kept in the dispensary.

Refer to pharmacist: any customers with dry mouths.

Mouth ulcers

Mouth ulcers, also called aphthous ulcers, are extremely painful and can make eating difficult.

Symptoms: shallow yellow or white spots, surrounded by a red area, on the inside of the lips and cheeks or along the margins of the tongue. They usually last from four to 14 days, and may keep coming back.

Sometimes the cause is obvious, such as biting the tongue, harsh toothbrushing, or badly fitting dentures. But usually the cause is unknown. Several theories have been suggested – including stress, not enough iron or B vitamins in the diet, and gluten sensitivity – but none has been proved. Mouth ulcers may also be caused by certain medicines.

Treatment: various gels, pastilles and sprays are available. Ingredients are:

- Triamcinolone in a paste which keeps it in close contact with the ulcer. Triamcinolone belongs to a group of drugs known as steroids which reduce painful swelling and inflammation. The paste also helps protect the ulcer. It should not be used for longer than five days without medical advice. People with chicken pox or mouth infections should not use the product.
- Hydrocortisone lozenges which are allowed to dissolve against the ulcer. Hydrocortisone is another steroid and should not be used if there is a mouth infection. Treatment with steroids is best started at the first signs of burning and soreness.
- Carbenoxolone. This is thought to form a protective cover over the ulcer to allow healing.
- Choline salicylate relieves pain and inflammation.
- Local anaesthetics such as lidocaine, benzocaine and lignocaine.
- Antiseptics such as cetalkonium chloride may be included in mouth ulcer preparations to prevent infection with bacteria.
- Benzylamine oral rinse reduces inflammation and may be helpful if there are a lot of ulcers or if they are in hard-to-reach areas. It must not be used by children under 12, but a spray is available for those over six.

Using a soft toothbrush may help if toothbrushing is painful. Antiseptic mouthrinses will help maintain oral hygiene.

Gels should be applied with a clean finger.

Refer to pharmacist:

- ulcers which last for more than three weeks
- ulcers which are particularly large
- crops of large numbers of ulcers
- ulcers which look like cold sores in the mouth
- ulcers accompanied by swollen glands, feverishness, a general feeling of illness or weight loss
- ulcers that bleed
- if the customer is pregnant
- patients with diabetes
- if persistent diarrhoea occurs with ulcers that keep coming back
- people with heart pacemakers or who have had joint replacement surgery.

Burning mouth/sore tongue

Refer to pharmacist: any customers with these symptoms.

Oral thrush

This is caused by an infection of a yeast called *Candida albicans*. It is most frequently seen in babies and the elderly, particularly denture wearers and smokers. It appears as white deposits on the mouth and tongue; there may be soreness, burning on eating and dry mouth. It may follow treatment with antibiotics or steroids. People who use steroid inhalers are especially susceptible, and should be advised to rinse their mouths with water afterwards. Refer to pharmacist.

Remember to use the WWHAM approach!

We have looked at the various aspects of oral healthcare and some problems your customers are likely to ask about.

Always refer customers with the following symptoms to the pharmacist:

- white patches inside the mouth which cannot be scraped off
- a growing lump
- red, blue or purple patches
- pain in a salivary gland.

Making babies



There is a lot a girl can do to ensure she stands the best chance of having a healthy pregnancy and a healthy baby. For several months beforehand, she should make sure she gets fit – this doesn't mean training up to London Marathon standard, but getting into shape will stand her and the baby in good stead.

Getting ready

Losing excess weight will help to get things off to a good start and reduce risk of problems with blood pressure and so on. Moderate exercise such as swimming or walking three times a week will maintain good health before and during pregnancy.

These days most women have been vaccinated against German measles (rubella) at school. This infectious disease is not particularly troublesome to the sufferer but can cause devastating effects in the unborn child, resulting in blindness, deafness or mental disabilities.

Women planning babies should have a test to check for immunity. Any pregnant woman who comes into contact with illness and who is unsure of her immunity status should consult her doctor.

*A couple of generations ago, a woman's lot was tied up with having babies – for some this was almost an annual event. But women today can not only plan when they have their babies, but think about the steps they need to take to make sure everything goes as well as possible. Consultant pharmacist **Mary Allen** has some pointers*

Any intending parents should definitely try hard to quit smoking. This may be even more important for the male as smoking is thought to affect sperm production. Smoking in pregnancy can increase the risk of miscarriage, premature birth or low birth weight.

And once babies are born, they may be at greater risk of cot death and some chest ailments if they live in households where one or other parent smokes. So, giving up smoking forever, from before conception, is probably the greatest gift that parents can give their babies.

There are good health information leaflets available about smoking and pregnancy. Remember also that you can sell nicotine replacement therapy products to non-pregnant customers, but any woman

who is already pregnant should talk about this to her doctor first.

Alcohol is bad news – it may interfere with fertility in men, and excessive alcohol intake in pregnant women can affect the unborn baby. Small amounts of alcohol are unlikely to cause any harm so a couple of glasses of wine a week before and during pregnancy is considered to be OK.

Prescription and other medicines may cause problems. Women should talk to their pharmacist or doctor before conceiving if they are already taking regular medication, to check that their medicines are OK.

Good nutrition is a must before and during pregnancy, so all women – and their partners – should eat a varied diet with a wide range of foods, lots of it fresh. Poor diet can affect

the baby's development in the womb.

One important nutrient is folic acid, which helps to ensure that the baby's spinal cord and brain develop properly. This is present in green leafy vegetables and broccoli, and in some breakfast cereals and bread. To be on the safe side, the Department of Health recommends that women take 400 micrograms of folic acid each day when they are preparing for pregnancy and continue for the first 12 weeks of pregnancy. Products to look out for include Preconceive, Pregnacare and some own-brands.

Check that your pharmacy stocks folic acid tablets and try to ensure that you have plenty of relevant information leaflets. This means your customers can read for themselves about the need to eat the relevant foods and to supplement this with folic acid tablets.

Finding out

If you stock home pregnancy tests, ensure you are familiar with them and can advise on their use. Your pharmacist may also offer an in-store pregnancy-testing service.

Giving a result provides a great opportunity to recommend an early

appointment with a GP for antenatal care. And because pregnancy can leave some women vulnerable to gum disease you can remind newly pregnant mums to get an early check-up with their dentist. NHS dental care is free during pregnancy.

Early days

During the nine months of pregnancy, a woman should aim to keep weight gain to less than two stones. Good nutrition is always important (see above) and moderate amounts of exercise should be continued.

Some food supplements should be avoided. In particular, too much vitamin A in pregnancy has been associated with birth defects, so pregnant women should not take multivitamin tablets and other food supplements containing this vitamin (such as fish liver oils) and should avoid eating liver.

Listeriosis is a rare infection which can be picked up from soft cheeses such as Brie or blue-veined cheeses such as Stilton, and from unpasteurised milk and pâté. It causes flu-like symptoms in the mother, but can also result in miscarriage or stillbirth. Another definite "must avoid" is uncooked eggs – so no home-made chocolate or other mousses – and undercooked poultry or other meats to avoid salmonella infection.

Another infection that can cause serious damage to the developing baby can be picked up from the family pet! Cats may carry a parasite which can cause toxoplasmosis and this can result in miscarriage, stillbirth or birth defects affecting sight and the brain. Pregnant women should avoid handling cat waste – the best advice is to get someone else to deal with the cat litter tray, or always to wear gloves when changing it. Gardening may expose pregnant women to infected cat faeces, so it's important always to wear gardening gloves.

While pregnant, women should avoid taking any medicines unless absolutely necessary. Although medicines manufacturers must provide extensive safety data before products are granted licences, no drug is safe beyond all doubt in early pregnancy. Since the most vulnerable time is during the first 12 weeks, care is needed before taking any medicines as damage could occur before a woman even knows she is pregnant.

Morning sickness may be a problem for some women and can often continue for around four months. Most women aren't actually sick but have an unpleasant feeling of nausea. This is usually in the morning but sometimes all day. Because it occurs at a time when the foetus is developing rapidly, medicines should not be taken.

Those women unlucky enough to be very sick over a long period should be referred to a GP because of fluid loss and potential loss of important nutrients.

Generally, simple measures are helpful – eating little but often, dry toast for breakfast and avoiding any foods that might trigger nausea. Ginger works for some women – in ginger biscuits, ginger cake, crystallised ginger, or even an infusion of ginger root in hot water. And the travel sickness bands which apply pressure on acupuncture points are worth a try.

Later on

Although many women sail through pregnancy without any problems, some may be troubled with bothersome symptoms as time goes by.

Indigestion and heartburn may be a problem in the last three months. Most OTC antacid preparations for heartburn are not considered dangerous if taken during this time. Antacids containing a high sodium content may affect blood pressure in the mother, but generally this is not a problem unless the mother is on a salt-free diet for some other reason. The amount of sodium in a dose of Gaviscon, for example, is around the same as in a slice of bread.

Antacids containing aluminium are best avoided as they can cause constipation. Some products such as Maalox combine aluminium and magnesium salts and since the latter can cause diarrhoea the two effects cancel out!

Products like Gaviscon usefully combine antacids with alginate "rafting agents" which form a layer over the top of the stomach contents, helping to prevent regurgitation up the foodpipe (oesophagus).

The newer H2 antagonist indigestion remedies for



Making babies: 'Do's'

- Think ahead and plan your pregnancy.
- Give up smoking.
- Reduce alcohol intake.
- Eat a good diet, with plenty of fresh fruit and vegetables.
- Have frequent dental check-ups.
- Encourage your partner to give up smoking as far ahead as possible.
- Take regular gentle exercise.
- Have a rubella check.
- Ask your pharmacist or doctor before taking any medicines.

Making babies: 'Don'ts'

- Smoke
- Drink more than small amounts of alcohol
- Put on too much weight
- Eat soft or blue-veined cheeses or pâté
- Eat undercooked meat or eggs

OTC sale aren't recommended for pregnant women.

Useful advice to reduce indigestion is to:

- eat small frequent meals
- avoid trigger foods, such as fatty and spicy foods
- sleep with the bedhead raised or with extra pillows.

Constipation is very common. It is partly caused by higher levels of

circulating progesterone which relaxes the smooth muscle of the intestine, slowing down gut activity.

If a customer complains of constipation check whether they:

- drink at least two litres of water per day
- eat plenty of fruit and vegetables
- have been prescribed iron tablets (not routinely



prescribed nowadays in pregnancy unless the woman has been identified as being anaemic) or other medicines which may cause constipation (including aluminium antacids)

- take plenty of non-vigorous exercise.

Fybogel or lactulose may help but always refer customers to the pharmacist.

Bladder problems

Most women experience an increased urge to urinate during pregnancy. Provided the urine is normal there is no cause for concern. However, anyone with pain on passing urine, or with cloudy or bloody urine, may have an infection and should be referred to their GP.

Thrush

Most women experience an increased vaginal discharge during pregnancy. This is nothing to worry about provided the discharge is clear or white and doesn't have an unpleasant smell.

Where there is itching or irritation, the symptoms may be those of thrush or even a bacterial infection. You must refer pregnant women to the GP rather than sell OTC thrush treatments. Applying

live yogurt may soothe and wearing loose cotton knickers helps to avoid recurrence of infection.

Haemorrhoids (piles) are common in pregnancy. Eating a high fibre diet, drinking plenty of fluid and taking plenty of exercise helps reduce the risk. Soothing creams or suppositories such as Anusol may help.

Varicose veins are common, partly because higher levels of circulating progesterone cause blood vessel walls to relax, resulting in less effective circulation. Constipation makes things worse, particularly if women strain to pass hard stools.

Risk is reduced by:

- avoiding standing for long periods
- resting with feet elevated from time to time
- wearing support hosiery.

You can sell graduated compression "socks", or support tights for use in pregnancy. Check that sizes are correct – if below-knee products are too tight around the top they can make matters worse.

Stretch marks can't always be avoided, but are more likely if too much weight is

gained during pregnancy. Moisturing creams such as Aqueous Cream, E45 or proprietary stretch mark creams may help to keep the skin supple.

Other symptoms

Pregnant women may suffer from other problems such as difficulty sleeping, particularly in the later stages of pregnancy. They may suffer from conditions they get when not pregnant, such as headaches, hay fever, colds and flu.

For aches and pains, paracetamol is generally considered safe. Aspirin and ibuprofen should be avoided, as should most medicines for common ailments other than those dealt with in this article, unless taken under medical supervision.

Simple Linctus is OK for coughs and soothing throat lozenges are generally safe if necessary.

Pregnancy is a special time. A pregnant mum (or dad!) can't ask a supermarket shelf for advice so make sure you and your colleagues are well equipped to support this customer group – and their babies.

Take another look at dotPharmacy

You'll be surprised

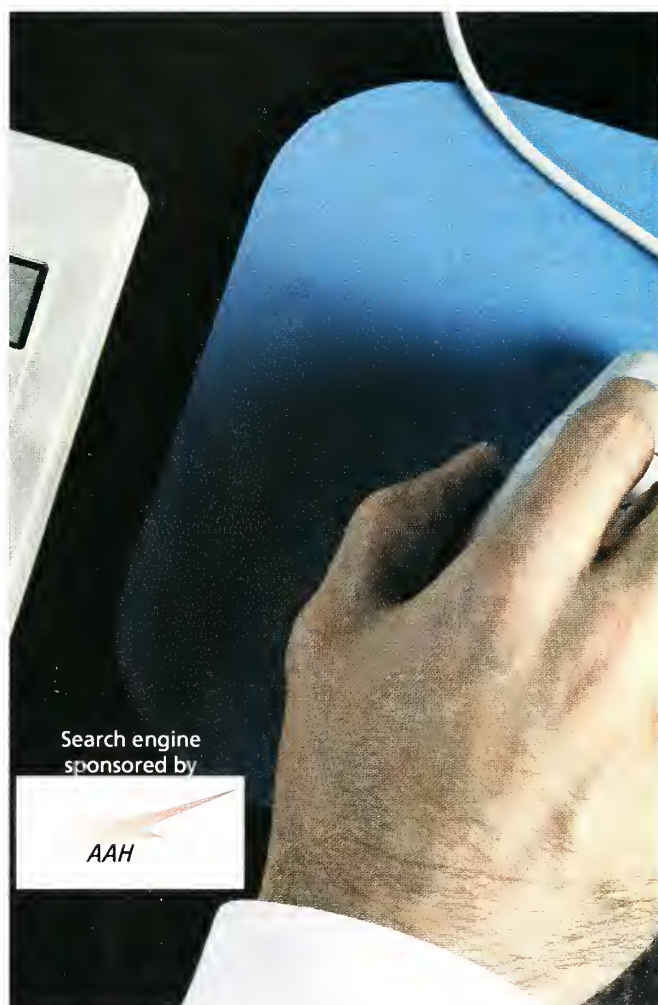
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OVER THE COUNTER 28 July 2002



GPs are under more and more pressure and health is a big issue for consumer media, so it's no wonder manufacturers have sought to fill the gap with home health testing. *Jeremy Clitherow, MBE FRPharmS*, looks at the products on offer and how they should be sold

It is rightly said that "a little learning is a dangerous thing" and the new NHS culture of patient information and empowerment may not lie comfortably within the context of home testing.

As the quotation so aptly summarises, insufficient information, or misinterpretation of that limited information, can be dangerous at worst and is definitely counter-productive – but that is where trained pharmacy staff come to the fore.

Home testing kits are big business now. The restrictions on their availability seem to be being removed by the week and we hear of surgery staff actually encouraging patients to make use of DIY machines at home. In the main, the NHS welcomes them.

Home testing kits allow patients to take charge of their own health monitoring and take the data to the surgery for assessment. Valuable surgery staff time will be saved for more appropriate duties and waiting times to see the GP will be reduced. It has to make sense – so long as the process is professionally led and assisted. This is the NHS Plan in action, in your pharmacy, at primary care level.

Business planning

The majority of pharmacies now use category management techniques in one form or another. Planograms dictate the positioning of merchandise within a category, and the amount of space it should be allocated, can be bought "off the shelf".

But what do you do with new categories? The really professional business entrepreneurial trick is to spot the emerging market and promote it, preferably first! Home DIY kits could be just such a category.

What is out there?

To the majority of our customers, DIY kits mean pregnancy tests and anonymously discreet boxes

coming from under the counter. On our side of the counter we well know that reality is somewhat different! Pregnancy testing kits are pick-up lines nowadays. The discretion is still there, but just look at the advances in marketing and packaging on a modern PG kit. They are 99 per cent accurate, simple to use, easy to read, and very good value for money.

Ovulation testing kits are available but have a limited market. The older types rely on detecting the peaks of metabolic activity, usually by temperature, and charting the data. The peaks and troughs on the graph then indicate the most – and least – fertile times in the menstrual cycle. They must not be confused with the newer types, which are hormonal, nor with the hormonal tests for fertility.

There are now tests for sexually transmitted diseases such as chlamydia and, although they still appear to be at the edge of the market, it won't be long! The same may be said for drug testing kits for heroin, cannabis and cocaine.

HIV and AIDS kits are an unknown quantity at present. Some other countries have accepted the need and embraced the market, but this is a difficult arena.

The test is just a test. It will say whether the sample submitted does or does not contain the virus at a level to trigger a positive result – nothing more, nothing less. The result can be devastating to the patients and their families, which is why many doctors believe that people shouldn't be able to know the result without counselling support being available.

Diabetes monitoring at home has been the norm for generations of diabetics. In the past, the patient had to take a urine sample to the

surgery and the doctor would test it for sugars using Fehling's test. Then came the testing tablets and home testing by the patient became commonplace. The now ubiquitous "dip and test" strips have largely replaced testing tablets.

Urine testing kits rely on the presence of target chemicals in the urine in the bladder. This urine will have been produced by the kidneys and collected over a while, so the test result can only ever be a background picture, not a snapshot in time. Blood monitoring, however, does the opposite. It gives an exact concentration of the target chemical at the time of the test and is now preferred as a check on glucose management.

There are two types of diabetes. Type 1 is where the pancreas stops producing insulin. It is usually dramatic in onset and may occur at any time up to the age of about 35 but normally occurs

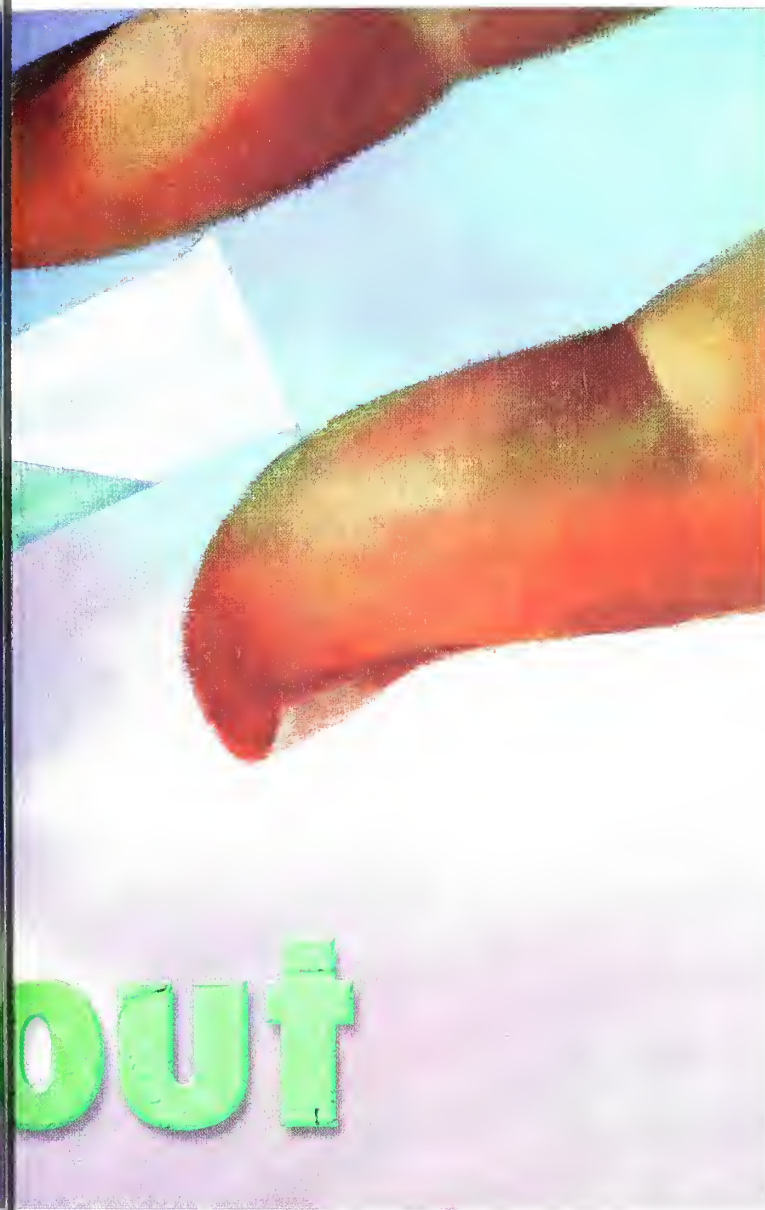
in childhood. Type 2 used to be called "maturity onset diabetes" and occurs where the pancreas is still producing insulin, but not in sufficient quantities to maintain healthy life.

Type 2 diabetics – whose condition is controlled by tablet and diet – are now being given a much higher profile. Using strong words, the International Diabetes Federation has just called for urgent action to manage the growing epidemic of Type 2 diabetes on the grounds of cost and health complications.

The condition is becoming more prevalent because we are living longer, but is also being detected earlier, especially among the obese. Pharmacists all around the country are already providing screening and monitoring clinics and this area will grow as the National Service Framework (NSF) for diabetes is rolled out.

The latest kits are totally





Counselling Points

- Any problems – talk to our pharmacist
- Liaise with the surgery first
- Tests are just that, nothing more
- Type 2 diabetes is a “hot” topic
- Always promote positive health messages and outcomes
- Surveys show that this is what the customers want

mercury filled sphygmomanometer and domestic machines have been reduced to the size of a pack of playing cards.

Obesity monitoring has been through some changes lately. Gone are the days of the inch-pinch test and the weighing scales with coloured “danger” background sectors. Now there are two separate vogue measures by which to assess obesity. One is the Body Mass Index (BMI) where you take the patient's weight in kilograms and divide it by the square of their height in metres. Results of 25 and below are considered healthy and 30 and more are classified as obese. For home use, the patient will need to buy a set of metric scales and a metric tape measure, or one of the newer types of weighing scales which allows you to input your height and

calculates and displays the BMI for you.

A much easier index is called the girth measurement index. You measure the patient's height and his waist, in inches or centimetres. As long as the waist measurement is not greater than half his height, he is not obese. The only equipment you need is a tape measure! Just hang one up in the “healthy living” bay and label it “DIY obesity testing kit”. A simple guide is that people definitely need to do something about their weight if their abdominal girth measured around the tummy button is greater than 35 inches (89cm) for women or 40 inches (102cm) for men.

Asthma testing kits are something of a misnomer.

The literature suggests that by recording a patient's peak flow rate you can detect asthma – but it is not that simple. The condition is a repetitive, reversible narrowing of the airways

brought about by one or more of a multitude of triggers.

Peak flow monitoring may well identify patterns of bronchoconstriction or reduced capacity in the case of a spontaneous test, but that is all.

Allergen multi-tests are now available for those who want to go around the house looking for culprits.

The manufacturers say there are three simple steps to your allergy solution.

Step one is to confirm that your symptoms are really allergy-related by using their special allergy check.

Step two is to identify which actual allergens are causing the symptoms, by using their specific allergen test.

Step three is to avoid contact with the identified allergens – for keeps!

These tests rely upon detecting Immunoglobulin E in a blood sample obtained from a finger prick. At £10 each, they are not cheap, but they will tell you, once and for all, whether the family cat is the prime suspect, rather than pollen, housedust mites, milk or eggs.

Conclusion

A recent survey by one of the larger pharmacy chains showed that 65 per cent of their customers would like their cholesterol measured, 48 per cent would like their blood pressure measured and 37 per cent would like help in managing their weight. In practice, that means that every third customer wants advice on obesity, every other customer wants (you) to measure their BP, and only three out of the next 10 customers do not want a cholesterol test.

Clearly, the public wants help. You, together with DIY kits, may be the answer. Talk it over with your colleagues at work – and the local surgery – to check for support and to see if there is a niche market for your pharmacy.

The potential clients are there. How about you?

self-contained. The box contains finger-prickers, lancets, test strips, the record chart, control solutions, the meter itself and a handy carrying case. One manufacturer even gives a lifetime guarantee, free batteries for ever and free access to its helpline.

Cholesterol testing has been available in certain pharmacies for several years. Originally the blood samples were sent to laboratories and the results relayed. Nowadays, the patients want to do the whole procedure themselves, from finger-pricking, through the analysis, right down to recording the results. But first, they will want to know what cholesterol is, and all about the good and the bad blood fats.

Cholesterol is a waxy fat which is manufactured by the liver and is necessary for normal life. Without it, hormones would not be manufactured, our

metabolism would stop and development would be arrested.

But while cholesterol is essential, an excess can be fatal. It furs up the insides of our arteries and may lead to heart attacks by occlusion of the coronary vessels, or to strokes when particles break away from the plaques and travel to the brain.

Home testing kits often combine cholesterol and heavy density lipoprotein (HDL) tests, but they are only screening kits. A positive test result should be interpreted as an indicator to make an appointment to see the GP for a full blood lipid (fat) profile and to take it from there. They are certainly not to be viewed as a replacement for laboratory tests, nor for GP monitoring.

Blood pressure monitoring used to be the province of the surgery, then the nurse, then the pharmacy too. Now it is in the home. Modern electronic monitors have taken the place of the old

On display

Get your merchandising right and you have the key to success. This month

John Kerry shows just how much community pharmacies can learn by taking a walk through the local market and pausing at the fruit stall

Imagine you have gone shopping while on holiday in a strange town and stumbled on a busy traditional market.

You want to buy some fresh fruit and there are a number of stalls all selling apples, pears, bananas, oranges etc. How do you choose which of the stalls to buy from and then which fruit to buy from the chosen stall?

Generally, you use your eyes and instincts to ensure that you buy decent quality merchandise and get it at a fair price.

Surely the most attractive fruit stall will be bright, well stocked, with a good choice of well-displayed fruit. This normally means:

- clean and sound – not bruised or dirty
- fresh – not wrinkled, mouldy or overripe
- attractively laid out – normally in well-shaped pyramids, rather than heaps, which tend to suggest that the fruit was tipped on to the stall rather than placed.

All these pointers and a few more will help you to decide which stall to buy from.

And all these pointers are concerned with merchandising. If the fruit stall is well merchandised, it gives a customer, particularly a new one like you, more confidence to buy from it.

The same principles that apply to merchandising a fruit stall can be, and are, used to merchandise the fitments of a community pharmacy, supermarket or a department in a big store.

Good and bad merchandising practices have been used by market stallholders for 100 years or more. They didn't learn their skills from books or college

lecturers, but picked them up from others in the market trading business.

Merchandising isn't a new practice but, because most retailers have hundreds or even thousands of different lines to sell, it has developed and changed. Once, merchandising was more of an art, but now, with the use of computers, sales data and planograms, it has become much more scientific.

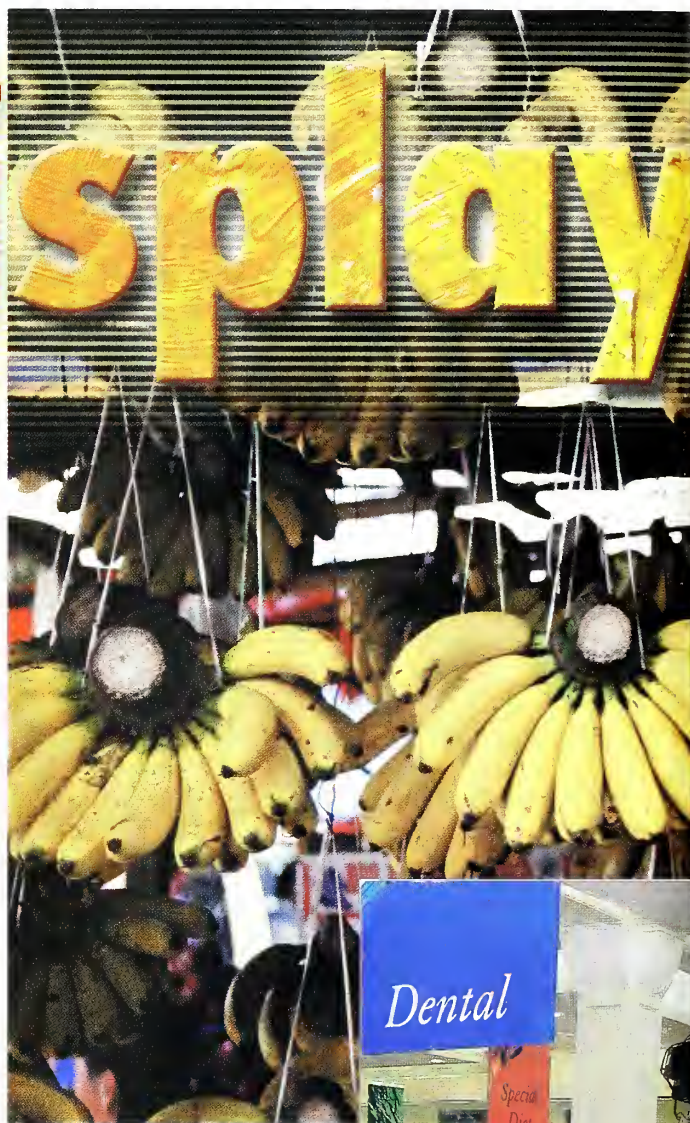
But science doesn't control merchandising and most retailers could merchandise their fitments without using computers, national sales data or beautifully computer-drawn planograms supplied by manufacturers.

As long as the basic rules of merchandising are used, together with common sense and local knowledge, your fitments can be well merchandised.

And what will this do for the business? A well-merchandised shop, just like a well-merchandised fruit stall, will not only attract more customers, but sell more product. Most shops, including community pharmacies, need to increase their business, so it follows that paying attention to how the shop is merchandised is worthwhile.

The basic rules of merchandising – the six rights:

The Right Product in the **Right Quantity** in the **Right Condition** in the **Right Place** at the **Right Time** at the **Right Price**. Follow these rules and your fitments will not only look better but produce more business. Looking at the 'rights' individually, it can be shown how each can be applied to a community pharmacy as well as a



market stall selling fresh fruit.

The Right Product

Stock and merchandise only the products that you have a demand for, or that you can generate a demand for.

On a fruit stall, it makes sense to have a good choice of produce. When some of your customers want the exotic fruits, you stock them on your stall, but you would not expect kumquats, starfruit and passion fruit to take up much space on a stall in a downmarket area.

In pharmacy, you will need to stock the brand leaders and TV advertised brands, of course, along with any that satisfy significant local demand.

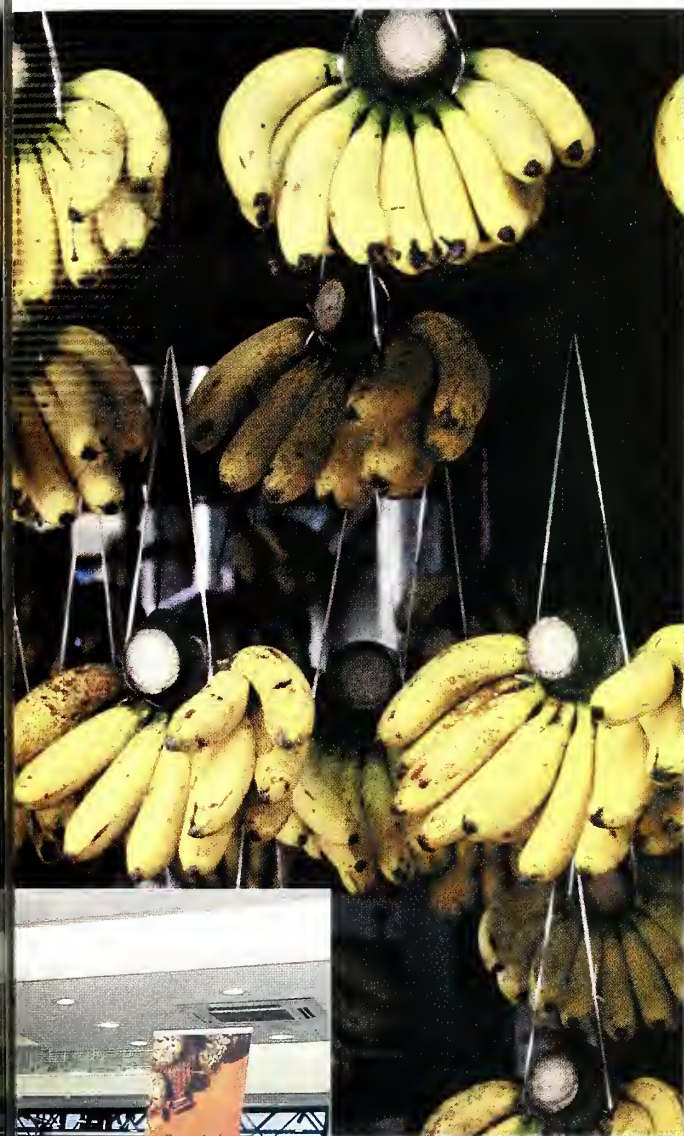
The right quantity

Big sellers deserve more space than slow sellers. If you want to sell more of a brand, give it more space.

On a fruit stall, bananas are Britain's favourite fruit, so stallholders will tend to give them more space than oranges.

In pharmacy, if brand X sells three times more than





brand Y, it should have three times the space.

The right customer

Yes there are shops and stalls that specialise in selling sub-standard goods at very low prices. In the real world, any business selling imperfect products as perfect will soon earn a bad reputation. No matter what the quality is, ensure that all items are in good shape and fit for sale.

On a fruit stall, you would clean and polish the fruit and remove bruised, mouldy or overripe items from sale.

In a pharmacy, you should clean and dust shelves and stock frequently and remove torn or damaged packs and out-of-date stock.

The right place

Merchandising works because shoppers use their eyes to select what they want to buy. Make a product difficult to find and it will consequently sell less.

On a fruit stall, category management is shown at its most basic and effective. If the stall sells four types of apples, they are not

displayed in four different corners of the stall, but alongside each other so the customer can compare and choose.

In pharmacy, with a dozen or more main categories, each with many sub-categories, it makes sense to keep everything in its place. If it's for hair, it's in the haircare department and within this department, colorants, shampoos, conditioners, fixers, perms, sundries and decorations can easily be found near each other.

It also makes good merchandising sense to put similar categories next to each other. Skincare and haircare, toiletries and bath products are simple examples and this encourages impulse sales.

The right time

The opportunist retailer always has the right item for sale at the right time. St George's flags during the World Cup; umbrellas during a freak summer shower, and candles during a power cut. In normal circumstances, the best a pharmacy or market stall can do is be sure that seasonal demands and important events are catered for by both purchasing and merchandising.

On a fruit stall, it is almost impossible to find a month of the year when there is not a plentiful supply and choice of all the popular fruits. Imports from other countries see to that, so timing on a fruit stall is not so critical.

In pharmacy, sales are dramatically affected by seasonal demand and the way in which the front shop is merchandised to cater for these changing demands has a big effect on sales.

For example, winter demand for medicines is significantly different from summer demand. Skincare is also affected by the weather and temperature, while Christmas is the one festival that affects the largest proportion of a pharmacy's merchandising plan.

The right price

There are two important right price considerations as far as merchandising is concerned. First, how much and second, can the customer see the price?

A fruit stall offers a good lesson about pricing. Large, mostly handwritten signs give the exact price for every product on sale – an example of good communications in practice.

The stallholder is saying: "these are my prices, I am

confident about them and I want everybody to see them." Customers can tell at a glance what they can buy and what they can expect to pay.

In a pharmacy, there is not enough room for a sign for every brand and variant, but there is room for shelf edge price ticketing and a good sprinkling of shelf talkers. In pharmacies where these are used throughout the shop, it is telling its customers "these are our prices and we have nothing to hide".

Because customers shop with their eyes, the shop that merchandises well and communicates its prices confidently is more likely to impress buyers than one that fails to observe such a straightforward and important merchandising practice.

How do you do it?

Does your shop communicate prices for all products to its customers?

Gunned price tickets, often too faint to read, are not satisfactory. If any customer has to ask the price of a product on a fitment in your pharmacy, particularly a self-selection one, the shop is failing in one of the most important aspects of merchandising.

The price that your pharmacy charges for any product is the one that will provide the best profit margin without frightening too many customers away.

Right product, condition, quantity, position, time and price are the fundamentals of merchandising. Get these right and you can merchandise with confidence and make your shop a much more successful business.

Customers appreciate well-merchandised shops and respond by buying more. Merchandising done properly actually saves you time and trouble too. Because merchandising is designed to make sure that the shelves and fitments communicate with customers and tell them what they need to know – where is it?, how much is it?, what choices are there? etc – you and your colleagues have more time for other things.

The six 'rights' may not be the whole story, but they are an important baseline for merchandising and if your pharmacy follows the example set by the best merchandised fruit stall in the local market it won't be far off the mark.

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Creams, treatments, lotions and potions may keep our faces looking young and smooth, but a quick glance at our hands usually gives the game away. Lesley Keen looks at caring for hands and nails

Hands up

It's a hard life for hands. In and out of water a dozen times a day, exposed to the extremes of heat and cold, and the first things we use to explore anything strange or unfamiliar – so it's no wonder they are prone to showing signs of age.

It's easy to cover up a spot, mask broken veins, under-eye shadows and uneven skin tones on your face, but there are no instant cover-ups if a glance at your hands reveals dry, cracked skin, ragged cuticles and bitten, split or heavily ridged nails.

The pharmacy has two opportunities to make the most of customers' hand and nail needs – offering advice and recommending OTC products to tackle specific problems and stocking the cosmetic creams, polishes, buffers, files and kits to make hands and nails a feature to be proud of.

Hand and nail problems

Dry, cracked skin.

Our skin tends to become drier as we get older and our centrally-heated, air conditioned homes and offices only add to the problem of dryness.

Some people are prone to cracks on their fingertips, which may be worse in winter. Extreme cold can also cause chilblains, when the blood vessels near the surface of the skin contract, causing the skin to become pale and numb and then red, swollen and itchy. Eventually the skin may break and the problems can become worse with repeated exposure to cold and damp.

In both cases, it is important to protect the skin, keeping it warm and dry in cold and damp weather – time to find those gloves that are screwed up at the back of the drawer – and apply a soothing, antiseptic cream

when the skin is broken.

Manicurists will tell you that being in and out of water all day is very bad for hands and nails as we seldom dry them thoroughly, leading to dry skin and flaking, soft or splitting nails.

It is advisable to use rubber gloves for washing up, cleaning and gardening and whenever hands have been in water they should be dried properly and then given a light application of hand cream to moisturise and protect them.

The range of hand creams is growing all the time, and many are more than just moisturisers. Some have added ingredients to condition or strengthen nails and others borrow the anti-ageing formula of some face creams.

Nail problems

In the Middle Ages, curved, claw-like nails were one of the signs of consumption (TB) and still today, health problems and deficiencies often show up in the nails.

If someone comes into the pharmacy with a particular nail deformity, it is worth referring them first to the pharmacist, who may advise them to see their GP.

Some signs in the nails which may indicate problems elsewhere in the body are:

- Spoon-shaped nails – may indicate an iron deficiency
- Clubbed nails growing round the swollen ends of fingers – may indicate respiratory or heart problems
- Pitted nails – may be caused by psoriasis
- Horizontal ridges – may indicate injury or infection
- Vertical ridges – often seen in old age and may indicate poor absorption of some vitamins, minerals and essential fatty acids
- White spots on the nails – may indicate a deficiency of zinc or vitamin A

Fungal infections

These turn the nails white and crumbly and can cause thickening and ridging. Customers should be referred to the pharmacist, who may recommend an anti-fungal cream.

Paronychia is a bacterial or yeast infection which causes red, swollen cuticles and may result in painful, pus-filled blisters at the side of nails, commonly called whitlows. The problem can lead to nails becoming discoloured or deformed. Again, the customer should be referred to the pharmacist.

Sub-ungual haematomas are the "black nails" which are the result of crushing, trapping or hitting the nail. As blood gathers beneath the damaged area, the nail blackens and becomes very painful and it may be necessary to relieve the pain by lancing the nail. Customers should be referred to their GP.

Nail biting, often caused initially by stress or anxiety, quickly becomes a habit which is hard to break. A number of preparations are available to give willpower a helping hand. They are painted on to and around the nail and contain extremely bitter substances which taste foul when the nailbiter puts a finger to their mouth.

Looking good

When it comes to the cosmetic side of nail care, more and more consumers

are taking an interest in the care of their hands and nails.

The nail care market is growing fast and the high quality products and special techniques which were once the province of the specialists are now becoming more widely available on the high street.

Nail bars are opening up in many towns and cities, offering high quality and affordable treatments. American women have for a long time been fans of a professional manicure and these are increasingly seen as part of the beauty routine in the UK.

Retailers recognising this growth area are responding by creating special areas for nail care.

Specialists such as Manicare and Mavala offer packs containing a variety of products to help tackle particular nail problems.

There are packs to target ageing, brittleness, splitting and flaking, biting and problem cuticles as well as special pampering packs with the type of products more associated with facial use, such as exfoliators, night treatments, nourishing oils and masks.

Faking it

Finally, those who despair of ever growing their own nails can choose from a variety of false nails and silk and acrylic nail kits to produce natural-looking talons at home.

Test Your Knowledge

Our research shows us how important it is to our readers to keep their knowledge up to date. Now you can test the knowledge you have gained from reading the features in this issue of *Over The Counter*, by taking part in this simple test (answers at the bottom of the page).

Travel

- The most likely problem to be suffered by travellers overseas is:
a constipation
b sprains and strains
c diarrhoea
- The humid conditions in the tropics can increase the risk of:
a fungal infections
b headaches
c excessive fatigue
- Treat mosquito bites with:
a an antihistamine to relieve itching
b a hydrocortisone cream to reduce inflammation
c moisturising cream
- What percentage of travellers to

developing countries are likely to develop diarrhoea?

- 10-20 per cent
- 30-50 per cent
- 60-75 per cent

5 When suffering from travellers' diarrhoea is it advisable to:

- abstain from all food until the problem is resolved
- maintain fluid intake
- continue to eat some food



Questions sponsored by Bug Off!



Pregnancy



1 A woman who smokes through pregnancy may increase her risk of:

- miscarriage
- premature birth
- having a low birthweight baby

2 Folic acid supplementation should start before conception and continue for how many weeks of pregnancy?

- four
- six
- 12

3 What should be the usual upper limit for weight gain in pregnancy?

- two stones/13kg

- three stones/19kg
- four stones/25kg

4 If morning sickness is a problem, one natural substance to try is:

- arrowroot
- ginger
- cumin

5 If indigestion is a problem in the later stages of pregnancy, which of the following could you recommend:

- eating small, frequent meals
- avoiding trigger foods
- sleeping with the bedhead raised or using extra pillows

Sun Protection

1 Of the 46,000 new cases of skin cancer each year, how many are malignant melanomas?

- 2,000
- 4,000
- 6,000

2 SPF25 or more is the ideal level at which to start your holiday, but what is the ideal lower limit for an adult with a fair to medium complexion:

- 2
- 8
- 15

3 How much sunscreen should an adult use per application?

- 10ml
- 20ml
- 35ml

4 Who is showing the fastest rise in malignant melanoma?

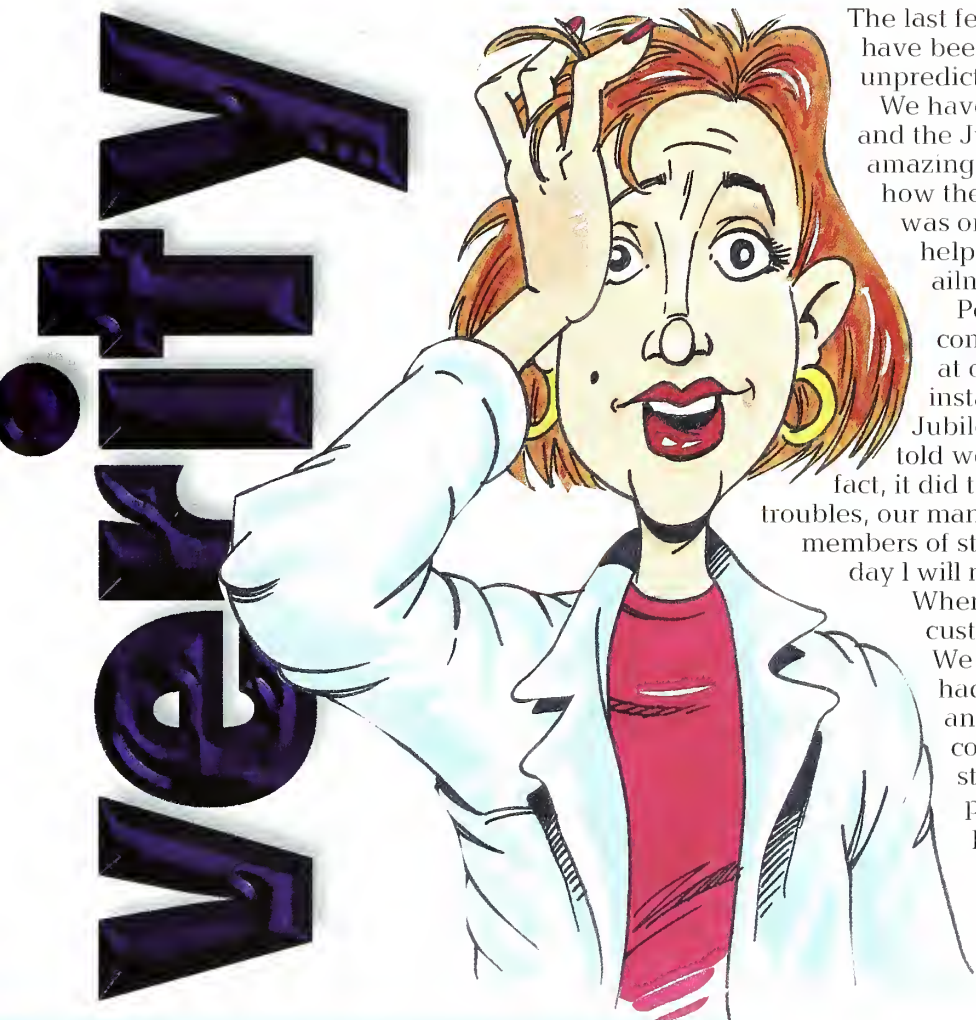
- men
- women
- men and women equally

5 You are more likely to develop malignant melanoma if:

- you have short, intense bursts of sun exposure
- you are in the sun all the time, even with a sunscreen
- you use a sunbed



Answers: Travel: 1 c; 2 a; 3 a and b; 4 b; 5 b and c. Pregnancy: 1 all; 2 c; 3 a; 4 b; 5 all. Sun Protection: 1 c; 2 c; 3 c; 4 a; 5 a.



The last few months at my pharmacy have been exceptionally busy and unpredictable.

We have all enjoyed the World Cup and the Jubilee celebrations were amazing. It was interesting to observe how the shop emptied when football was on television and it definitely helped customers forget their ailments for a while!

People often say that everything comes at once and it certainly did at our shop. A new computer was installed two days before the Jubilee weekend, which we were told would improve our efficiency. In fact, it did the opposite. To add to our troubles, our manager went on holiday and two members of staff left. Jubilee Saturday was a day I will never forget – it was horrendous! When I arrived at the shop, the customers were queuing outside. We had a locum pharmacist who had never worked with us before and was not familiar with our computer – we were also short of staff. Soon we were drowning in prescriptions, the shop was packed and waiting times had increased considerably. Then, right on cue, the computer went down. We all pulled together, sorted out our priorities and kept the waiting customers informed.

To cut a long story short, we kept the shop open until all our customers got their medication. The staff went home feeling shattered, but pleased with themselves for coping under such trying conditions.

I have a funny feeling that our poor locum will give us a wide berth in future.

Here is a little poem describing what happens in our pharmacy when the computer goes wrong:

*Computers are horrid; they drive you insane,
They often annoy you and muddle your brain.
You're lulled into thinking that everything's fine,
You're told by the experts it's all there online.
When the shop's really full and queues are quite long,
It chooses that moment to crash and go wrong.
I tell all the customers there'll be a delay,
Then a very cross woman shouts: "Will I get it today?"
They all start to fidget, a child frets and cries,
The air's full of grumbles and mumbles and sighs.
I hate all these people; they're staring at me,
I want to go home for a nice cup of tea.
Our pharmacist's cross; his face is all red,
I know we're in trouble, he's rubbing his head.
And then just like magic, it springs back to life,
The helpline's got rid of our trouble and strife.
We're back in production – we all start to smile,
We're lulled into thinking we're fine –
for a while!!!!*

FREEBIE

Whether you are off to Benidorm or Bournemouth, Tuscany or Torquay, sun protection is the name of the game and OTC readers have the chance to try a brand new range of sun care products free. The Banta range, originally launched in Australia, is the new kid on the sunblock in the UK this season. Designed to appeal to younger consumers aged 17-28, its non-greasy lotions and gels are packaged in bright orange with a fresh and funky image. Sun protection factors range from 4 to 25 and the range includes Non-Greasy Gel, Non-Greasy Spray and Sun Spray, Oil Free Faces, Vanilla Lip Balm and two aftersun products – Non-Greasy Macadamia Butter and Non-Greasy Aloe Vera Gel.

The products are all hardy enough to endure the water and extreme sports that younger consumers enjoy and Banta is strengthening its links with the young and active market by sponsoring the British Surfing Team with branded bags and clothing.

Retail prices range from £2.49 to £9.99, but 20 OTC readers have the chance to win a pack of four products – 200ml Banta Non-Greasy Gel SPF15, 200ml Non-Greasy Sun Spray SPF8, 100ml Oil Free Faces SPF25 and 200ml Non-Greasy Macadamia Butter. The pack is worth a total of £26.96 and if you would like to



be one of the 20 winners, just send your name and address on a postcard or on the back of a sealed envelope to: OTC/Banta Giveaway, OTC, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Entries must arrive by August 31.

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